FOR STATE HEALTH DEPT.

10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Thy delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar of Facility, or figs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL	RESEARCH AND	D RECORDS.	301 W. PRESTON	STREET,	BALTIMORE 1	, MARYLAN
MODIN			CERTIFICATE			1,500 a

1. PLACE OF DEATH 10 COUNTY Prince George's	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) e. STATE Maryland b. COUNTY Prince George's						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	to CITY OR TOWN (It outside corporate limits, write RURAL end give neerest town)						
Cheverly D.O.A. Jd. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street eddress)	d. STREET ADDRESS o. 15 RESIDENCE						
Prince George's Gameral Hospital	13 Yuma Street						
J. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF						
	llen DEATH May 23 1961						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWER DIVORCED	8. DATE OF BIRTH Oct 20, 1911 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
10e. USUAL OCCUPATION (Give kind of work dene during most of working life, even if relired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Foremen Construction,	North Carolina U. S. A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	Unknown 7. INFORMANT Address						
(Yes, no, or unkown) (Hyesgivewerordetesofservice)	77. MALORIMATE AUGUST						
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which geve rise to immediate cause (a), stelling the underlying cause last. (c)	CASTRITIS ONSET AND DEATH						
SECERE FATT TUELT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES. NO C. (Énier nature of Injury in Port I or Part II of Itam 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. While Not While of work et work et work	PLACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) fectory, street, effice bidg., etc.)						
21. I certify that I took charge of the remains described above	, held an Autopsyst. Inspection . Inquiry . and in my opinion						
death resulted from: Natural causes Accident	Suicide . Homicide . Undetermined manner .						
ACTUAL (CALLE)	CHIEF MEDICAL EXAMINER						
SIGNATURE EXAMINER'S	ASSISTANT MEDICAL EXAMINER 5/23/61						
NAME (Type) James I. Boyd 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Address (Street, city, lown, or county)						
Burial May 26, 1961 Allen Cemete							
23. FUNERAL DIRECTOR ADDRESS	246 BEC'D BY DECICTOAD 246 DECICTOAD'S SIGNATURE						
W. W. CHAMBERS CO., Riverdale, M	aryland DATE MAY 25'61 Cullus S. Prince						

Alexander of the fariles. Leenagh - Isaeron couler 1.91 (03 300 - maps 20 1 365 kg -Arrivon miles and brooks of the his Thin he at payers and speak of the five year as the

AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) . CQUNTY b. COUNTY la. STATE KINCE by the and 2 death. MARYLAND CYY reorac b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL end give naerast fown) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) E - 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled in Pages i urs after .. IS RESIDENCE ON A FARM? hours YES NO T ugenr papers. in 72 hou NAMBOF 4. DATE Day DECEASED OF DEATH (Type or print) 196 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 5. SEX 7. MARRIED and Months Hours Days WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? physician remove 10b. KIND OF BUSINESS OR INDUSTRY 4 Stele, or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please OSeb attending 15:-WAS DECEASED EVER IN U.S. ARMED FORCES? Then removal, (Yes, no, on unkown) | (If yes give wer or detes of service) the 18. CAUSE OF DEATH (Enter only one Cause per line for (e), (b), and INTERVAL BETWEEN he been signed by burial-transit permi ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) physic DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PHYSICIAN: he hospital or a nis certificate has for use as the b PART, IN OTHER SIGNIFICANT CONDITIONS CONTRAUTING TO DEATH BUT NOT RELATED TO CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED 8 0 NO prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) for this is ined by 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, offica bldg., atc.) While Not While Hour a.m. et work at work DIRECTOR: 19.69, that (1) (1) last 19 to. and that death occured at MM, from the causes and on the date stated above. saw the deceased alive on.... ..O.....19. 22b. DATE SCONATURE 22a. GIGNED ATTENDING 1 MED STAFF DIRECTOR PHYS. PHYS. TO FUNERAL director, page 3 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 234 LOCATION (City, 1987) or applity) 23c. NAME OF CEMPTERY OR CREMATORY (Stete) 230. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e, REC'D BY **VR A15 (4)** 15M 9/60 Cirthung S. Kround DATE JUN

the self-the work of the course here-Send November of the State of 6-125 TO 1 PRIMARY RESERVED TO A PERSON TO THE PARTY OF and the same of th STATE AND HE SHELL THE THE many and a second of the secon TO LESTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral defector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05886

5893 CERTIFICATE OF DEATH

1. PLACE OF DEAT	TH			2. USUAL RESIDER	NCE (Whe	re deceased lived, If	institution: Resld	ence before	e dmission		
a. COUNTY	minas Caomas		ACCUMENT WATER	b. COUNTY Prince Georges							
	rince George		c. LENGTH OF STAY IN 16			corporata limits, write					
write RURAL a	nd give nearest town)	113,	V. 13110111 07 01711 11110	X	-	corporate territory state.	New York				
Accoke				Accokeek d. STREET ADDRESS 1 e. 15 RESIDENCE							
d. NAME OF HOS	PITAL OR INSTITUTION	if not in hosp	ital, giva streat address)	d. STREET ADDRESS	S				A FARM?		
				/							
3. NAME OF	First		Middle	Last	4. DA	TE Mont	De De	y Yes	M		
(Type or print)	HATT		ELIZABETH ATC	HINSON	OF DE	ATH Ma	y3		61		
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lest birthday)			R 24 HRS.		
Female	White	WIDOWED	DIVORCED T	April 17, 1	897	64 yrs.	Months Deys	Hours	Min.		
	ATION (Give kind of wor		ND OF BUSINESS OR INDUST				12. CITIZEN	OF WHAT	COUNTRY		
440	working life, even if retire	_		30 3							
Housev	die	D	omestic			harles Co.	U.S.	A			
				14. MOTHER'S MAIDEN	NAME						
Sidney F	Pickeral			Fmma ?							
15. WAS DECEASED	EVER IN U.S. ARMED FOR	RCES? 16. 5	OCIAL SECURITY NO. 17.	INFORMANT		Address					
NO	(If yas give war or dates of	(ervice)	None M	rs. Blanche	Will.	tt Appole	ank Md				
	DEATH [Enter only on	a cause per li		re. prancie	BITTIE	oo, recor		NTERVAL BE	TWEEN		
	ATH WAS CAUSED BY	11-7		~4 ~~	//	1/-0		DISET AND	DEATH		
17,81 11 000	IMMEDIATE CAUSE (a)	17511	42/4/16	CA OF	4	VER		2 ~	105		
17/1	V DUE TO	-			_						
Conditions, if a	nu which a	CA	OF	CERVIX	P	DIMAR	V	1%	VAS		
gave rise to imme				CERVIA	1	11111111	-	-o(-/			
(a), stating the	DIJE TO	,									
cause last,	(c)			10.000							
PART II. OTH	HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISE	ASE CONDITION GIV	EN IN PART 1(a)		AUTOPSY ORMED?		
ATIC								YES T	NO -		
20a ACCIDENT	WAS UNDERLYING	1 20h. DESC	RIBE HOW INJURY OCCURE	D. (Enter nature of injury in	n Part I or I	Part II of item 18.)					
OR CONTRIBUTION	IG CAUSE OF DEATH		, and the state of	Da (care) nature or injury a							
20c. TIME OF IN Hour a.m	IJURY Month, Day, Ye			ACE OF INJURY (Home, fa		(City or town)	(County)		(State)		
Hour a.m		While at work	prompt of the contract of the	ctory, street, office bldg., et	10.7						
				MAN JA	60	14211	21	1			
21. I certify	that (I) (this hospi	ital) attend	ed the deceased from		19.60	to	31 19.61	that (I)	(we) la		
saw the dece	mand alive on MI	44 31		it death occured at.	COSTRA	fom the causes	and on the	date state	d above		
22a. SIGNATUR	1) 000		-/					22			
	a. 11/1/0,		_	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	MAY	31	SIGNE		
22c. PHYSICIAN	any cen	~	-	22d. ADDRESS				31,	1.10-1		
NAME (Ty		CHE	EN, M.D.	A	CCOI	KEEK,	MD				
23e. BURIAL, CREMA REMOVAL (Speci	ATION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY		23d.	LOCATION (City, to	wn or county)	(5	Stata)		
Burial	6-3-61		Christ Chur	ch Cemetery	A	ccokeek, 1	laryland				
24 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS			EGISTRAR 256, RE					
The Huntt	Funeral Ho	me. Wa	ldorf, Maryla	nd DATEJ	UN 5	'61 a	rillus S. th	alla			
2100100	110		The France	- I DVIEW							

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Fifther Georges	e C			el gonieri	
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	7 4469			Gray Jelli go	
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MX ST YAK					
1. 11. 11. 11.	0 0 0E 480	W - 12	NE 1(Pa).		
11 15 1019		ALCOHOL Y	- William	16-12	
	estimate years of	aiples cours ont, itarylusi			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institution: Residence before admission) y delay is necessary, a funeral director. Page tained for your files. e. COUNTY () L COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest) town) write RURAL end pixe neerest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS State NAME OF First Middle DATE should be executed within 24 hours after death. It g" in pencil in Item 18. Give Pages 1, 2, and 3 to are for Critice along with form PM3. Page 5 may be retained to the second of the s Month DECEASED OF with the (Type or print) DEATH 6. COLOR OR RACE AGE (In yeers IF UNDER 1 YEAR! lest birthdey) Months DIVORCED USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no. or unknown) ! (If yes give we ror detes of service) Office along with burial-transit permi EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Entar only one cause per line for (e) (b), end (c). I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO removal Conditions, if any, which (b) "pending" gave rise to immediate cause n DUE TO (a), steting the underlying Medical Examiner's should be used as 6 cause lest. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be rits designated agent, prior to burial, cremati 20e, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form,) Month, Dey, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 7 agent, death resulted from: Natural causes 1 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TIGHT DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF GEMETERY OR THE WORK Y 228. BURIAL, CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or country) Burial (Specify) June 1, 1961 George Washington F40 Hyattsville, Md. ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE MAY 3 1 '61 VS. A15ME arthur S. Thous F. Gasch's Sons Hyattsville. Md.

e. IS RESIDENCE ON A FARM?

YES NO D

19 6

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

NO D

(State)

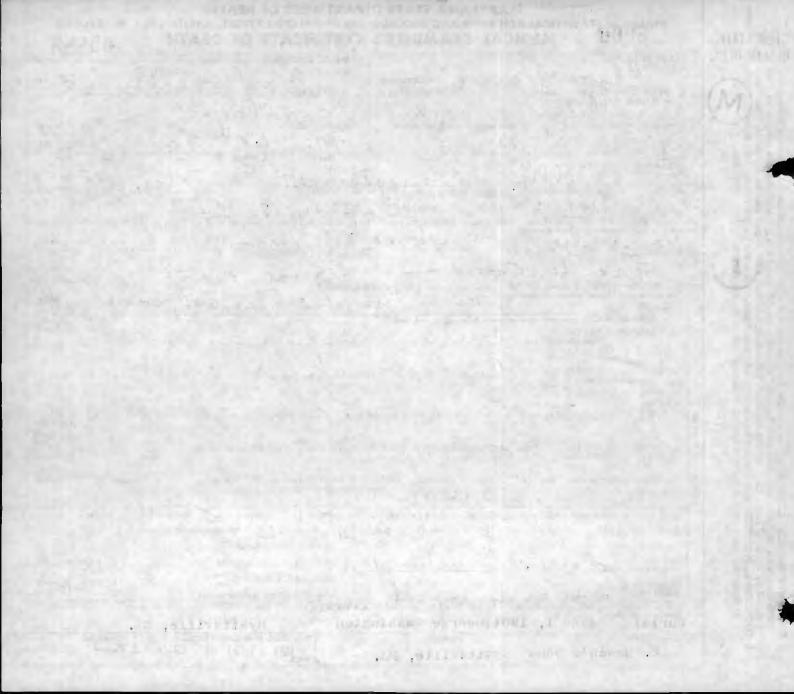
and in my opinion

DATE SIGNED

6

IF UNDER 24 HRS.

5M 7/59



D.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5901

05889

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pro George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) W Hyattsville Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W Hyattsville Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2701 Kirkwood Place	d. STREET ADDRESS 2701 Kirkwood Place a. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF FIRST Middle Wilson Barr	Lost 4. DATE Month Day Yeor DEATH May 23, 1961 19
	B. DATE OF BIRTH 9. AGE (In years last bigthday) Nov 24, 1894 9. AGE (In years last bigthday) Of yrs. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer self	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAME Malhon H. Barr	Annabelle Ross
(Yes, no, or unknown) (If yes, give wer or dates of service)	velyn E Barr W Hyattsville, Md.
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.	Maligneint Neoplasm 2 mm.
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I ar Part II of item 18.)
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
220 SIGNATURE SA DA CLE AD	death accurred at /2/William the causes and an the date stated above. M.D. PHYS. DIRECTOR DI
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY O CHURCH POR	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE PADDRESS FLANCES SON Hydleville	DATE HAY 2 5 '61 25b. REGISTRAR'S SIGNATURE

distribution of the second or altered to THE BOLL VALUE OF BUILDING sens Superplant the property of the state of L'attache doubles 6 il quenof

BALTIMORE 1. MARYLAND OR STATE USUAL RESIDENCE (Where decaesed lived, if institution; Residence before admission) TH DEPT 1. PLACE OF DEATH a. COUNTY b. COUNTrince George's Maryland Prince George's MARYLAND b. CITY OR TOWN lif outside corporate lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) $D_{-}O_{-}A_{-}$ Rosarvville Clintond. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Box 4113. Southern Maryland Medical Center Upper Marlboro. 3. NAME OF 4. DATE DECEASED OF (Type or print) Harold DEATH Joseph Batson May 6. COLOR OR RACE T. MARRIED NEVER MARRED 5 SEX 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months! Days WIDOWED [DIVORCED 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page 1, 2, page 1, 2, page 1, 2, page 1, done during most of working life, even if retired? Laborer General Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME wit Richard M. Batson Rosa Hawkins IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (liyasq.yawarordetasofservice) Mrs Ellen Cook, Upper Marlboro. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: Henorrhage and Shock IMMEDIATE CAUSE (a) DUE TO Shot gun wound of the left chest and neck Conditions, if any, which (b) gava rise to immediata causa DUE TO Se (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OT CONTRIBUTING CAUSE OF DEATH. Shot during an altercation the Chief R: Page 3 s 1 20d. NIJRY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 2Df. (City or town) fectory, street, office bldg., etc.) Not While While at work at work May 28 9 61. Yard of Home Rosarvvilla 21 I certify that I took charge of the remains described above, held an Autopsy | | Inspection T. Inquiry T. and in my opinion death resulted from. Natural causes Accident Suicide Homicide 😿 Undetermined manner DIREC ed ager CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5/29/61 es I. Boyd NAMI , Typs Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or country) BURIAL CREMATION. REMO / AL (Specify) Arlington National 940 g Burial Arlington. Wash. D 20 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A1SME Pl., N.E.

AARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES NO X

19 61

PERFORMED?

(Stete)

DATE SIGNED

(State)



Division of STATIS MEALTH DEPT. IC TATIT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It is delay is necessary, please execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical maminer's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 flours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMOR	E 1, MARYLAND
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	65891
		1 2 HEHRI BEGINENCE	(Whose desperad level 16 a	Van an a

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission)
Prince George's MARYLAND	* STATE Maryland b. COUNTPrince George's
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)
write RURAL end give neerest town) Riverdale 3 months	Riverdale
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
5113 54th Avenue	5113 54th Avenue
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Stanley Aloysius	Beall DEATH May 27, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	October 23, 1905 State of the part of th
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11 B RTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Salesman Dry Goods	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Beall	Carrie V. Chaney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	informant 6148 Shadyside Ave.,
Yes NW 11 578-05-1894	Miss Virginia Beall, Capital Heights, Md
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: ILMONARY E	dema_
7 / / /	
Conditions, if any, which \ (b) HUDEN TRUPHU	and DILATATION, HEART
A DUIT TO S A S	,
(a), steting the underlying Source (c) Muocar Dosis	
	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO FATTY DEGENERATION OF 1	PERFORMED? YES NO TO
206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Port I or Port II of Itom 18)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	ACF OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour e.m. While Not While et work et work et work	tory, street, office bldg., etc.)
7 1 2	ald an Autopsy X. Inspection X. Inquiry X. and n my opinion
	ide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL PROPERTY OF A	ASSISTANT MEDICAL SVA MINED
SIGNATURE	DEPUTY MEDICAL EXAMINE T May 27. 1961
EXAMINEA'S / James I. Boyd	Address (Street, city, town, or county)
220. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, lown, or country) (Siete)
Bwid 5-31-196 arlington	
23. FUNERAL DIRECTOR	1240 EC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE
W. W. Chan bers (as Junerale.	9 DATEMAY 3.1 '61 Coshung & thrown



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution, Residence before admission) e. COUNTY e. STATE **b.** COUNTY Prince George MARYLAND c. CITY OR TOWN (If outs de corporate limits, write RURAL and que neerast town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give nearast town)
Hvattsville weeks Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) . IS RESIDENCE d STREET ADDRESS ON A FARM? Hyattsvil YES NO Convelescent Home st. 3. NAME OF Middle DECEASED OF (Type or print) DEATH Esther Benesh AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BURTH 7. MARRIED NEVER MARR ED lest birthdey) Manths Female 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BRT IPLACE County & State, or foreign country! done during most of working life, even if ret rad! Retired USA Denmark 13. FATHER'S NAME Theodofe Renexh Jorgenson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECU Caroline 16 SOC AL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (Ilyes give wer or detes of service) Otto Benesh-#2d above-Son 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) winny blocked DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO [206, ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20h. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. IN-JRY OCCURRED | 20e. PLACE OF INJJRY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer factory, straet, office bldg., etc.] While Not While el work et work to 5.7.7.6 (I) (we) last 21. I certify that (I) (this hospital), attended the deceased from. .5/2.3 , and that death occured aler25 .M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or county) REMOVAL (Specify) Suitland, Maryland Cedar Gremation REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE

and

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physician

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After this

DIRECTOR:

FUNERAL

TO FUNE director, I

VR A15 (4) 15M 9/60

Ian.



FOR STATE **HEALTH DEPT** TO STRUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death.

please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the function, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours question. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

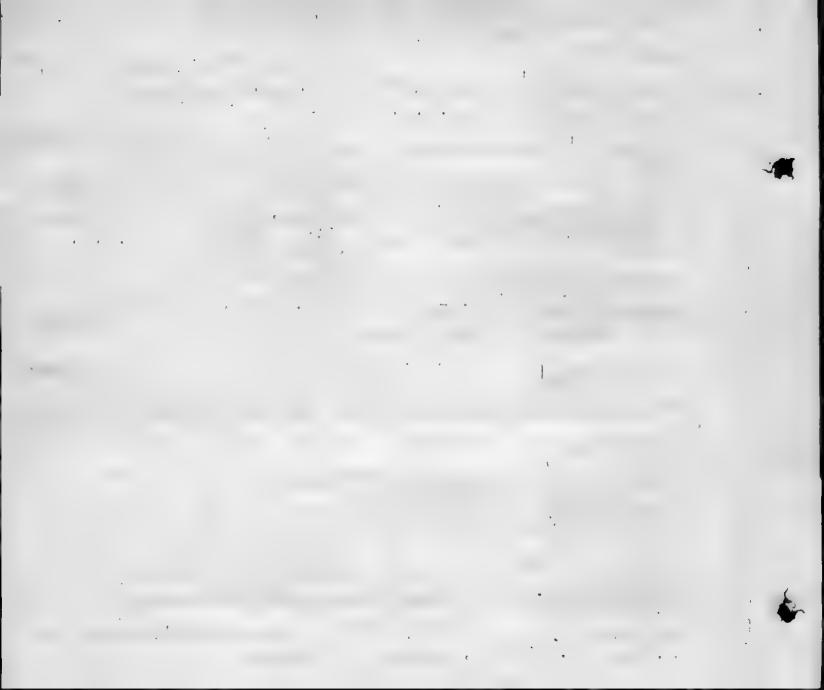
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5005

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05893

		0000							
1	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission)							
	Prince George's MARYLAND	* STATE Maryland * COUNTY Prince George's							
V	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)							
4	Cheverly D. O. A.	Lanham							
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. 35 RESIDENCE							
ı	Prince George's General Hospital	9136 Lanham Severn Road JYES NO. T.							
ı	3. NAME OF First Middle	Last 4. DATE Month Day Year							
ı		Bennett DEATH May 21 19 61							
V	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS.							
N	Male White WIDOWED TO DIVORCED TO	Sentember 8, 1902 58 yrs. Months Days Hours Min.							
	10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Sentember 8, 1902 58 Yrs.							
١	Steam Fitter Construction	North Carolina U. S. A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	George Washington Bennett	Mammie Harper							
ı		NFORMANT Address							
1	Yes W 11 242-09-2607 Mrs	Mable C. Bennett, same as # 2							
ı	is. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN							
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congesti	ve heart failure ONSET AND DEATH							
١	, / DUE TO								
١	Conditions, if any, which \ (b) Coronary artery disease								
١	geve rise to immediate cause (a), stating the underlying DUE TO	· · · · · · · · · · · · · · · · · · ·							
ı	cause last.								
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
1	3	YES NO PA							
1	20s. EXTERNAL CAUSE WAS 20s. DESCRIBE HOW INJURY OCCURED. (E. CAUSE OF DEATH)	nter nature of Injury in Part I or Part II of item 18.)							
ı									
ı		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
1	Hour a.m. While Not While set work set work	ויין, אוששר, טווגם טוטפי, שוכיין							
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry . and in my opinion							
ı	death resulted from: Natural causes Accident Suicident	de Homicide Undetermined manner							
ı		CHIEF MEDICAL EXAMINER							
ı	SIGNATURE CAMEN AT JOY	M.D. ASSISTANT MEDICAL EXAMINER (DATE SIGNED							
1	EXAMINER'S	DEPUTY MEDICAL EXAMINER May 20, 1961							
-	NAME (Type) Cames I. Boyd	Address (Street, city, town, or county)							
ı	222. BURIAL, CRÉMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR APT in orton Not	to a second seco							
1	· · · · · · · · · · · · · · · · · · ·	Barrier I							
	23. FUNERAL DIRECTOR ADDRESS	246, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
-	W.W.Chambers Co. Riverdale, Maryland	DATEMAY 2 4 '61 Quiller & K							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF BEATH 2. USUAL RESIDENCE (Whare decressed lived, If institution, Residence before admission) a. COUNTY **6. COUNTY** Prince George Maryland MARYLAND Prince George c. LENGTH OF STAY IN 15 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate | m ts. write RURAL and give pearest town)
Cheverly Clinton a. IS RESIDENCE d. STREET ADDRESS . d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Rt. #1 Box 1186 Prince George's General Hospital YES NO X 3. NAME OF Last 4. DATE Month Day DECEASED 22 19 61 Kenton Harper Beverage DEATH Mav (Type or print) 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED AGE (In years | IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX birthday) Months Hours 4-24-07 white Male WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give x'nd of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fa, even if retired) Pr. Geo's Co. Virginia USA Truck Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Simpons Andrew Beverage 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Md. (Yes, no. or unknown) ! (If yes give wer or detes of service) Alice R. Beverage Rt #1. Box 486 Clinton. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)., INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinomatosis IMMEDIATE CAUSE (e) Hyper-Nephroma, Rt. Kidney DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? NO -206 ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f, (City or fown) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from May 7 ..., 19.61 to May 22 19.61 that (I) (we) last Nay 22 40 61, and that death occured at 2404M rom the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS Riverdale Road. 22c. PHYSICIAN'S NAME ITYDO Maryland Riverdale, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) West Union, West Virginia Beverage Cemetery

1661- Good SE Road SE

Washington, DC

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE MAY 2 3 '61

Certhan & Krous

WSI ASSOCIATION AS

funeral

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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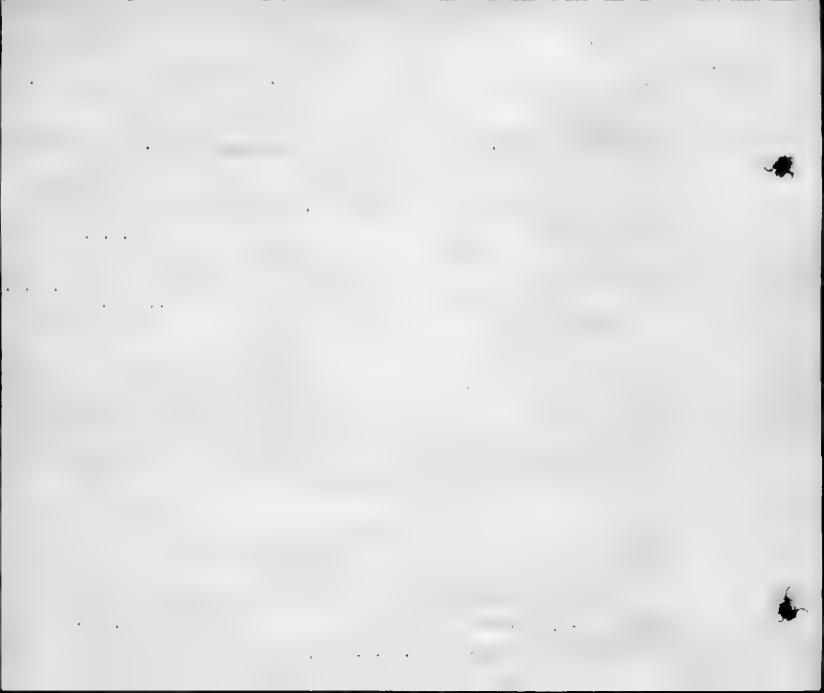
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		5908	CERTIFICAT	TE OF DEATH		05896
	1,	Prince George	MARYLAND	e. STATE Md.	(Where deceased lived, If institution b. COUNTY	ution: Residence before admission Prince Geo.
		b. CITY OR TOWN (If outside corporate Limits, write RURAL and give nearest town) Hyattsville	c. LENGTH OF STAY IN 16	Ayattsvi		(AL and give neerest town)
		4500 x Edmorts tone Ave.	poital, give street #ddress)	4500 Boom	monston Oudston Ave.	. IS RESIDENCE ON A FARM? YES NO L
		NAME OF DECEASED (Type or print) MARILITA	M.ddle	ONACCORSY ,	DATE Month OF DEATH May	19 19 61
		White Female widows	DIVORCED T	Bept 26,1884	dest birthdey) Mo	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
	10a do	i. USUAL OCCUPATION (Give kind of work no during most of working life, even if retired) HOUSEWITE	Home	Italy	State, or fore gn country)	U.S.A.
T	13.	Joseph Bonaccorsy		Angeline I	LaMantia Cala	ı
7		WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	social security no. 17.	informant unzio Bonacco		penter St. S. D.C.
		18. CAUSE OF DEATH [Enter only one ceuse per PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e). Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying cause lest.	rebut. berfer su end & b	Thronto	solerale boisse	INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS COL				PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
Th.		20%. ACCIDENT WAS UNDERLYING [] 20%. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	ED, (Enter neture of injury in Pert	I or Peri II of tem (8.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. While the p.m. 19 el wo	eNot While fe	ACE OF .NJURY (Home, ferm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stete)
		21. I certify that (I) (this hospital) attentions the deceased alive on 5-19	/ 1	[]	/ '	on the date stated above
		Deogethageng	<u> </u>	Mr.D.	CTOR PHYS.	5-19-61 5-19-61
		22c. PHYSICIAN'S GOOGE J. HA	genge_	37/)-38/	1 Aug Cottage	ix/Mg
	23e	BURIAL, CREMATION, 235, DATE THEREOF	23c. NAME OF CEMETERY	_	colmar Mar	/

300-4th St. N.F. D.C. DAILY 23'61 Calling & Harus

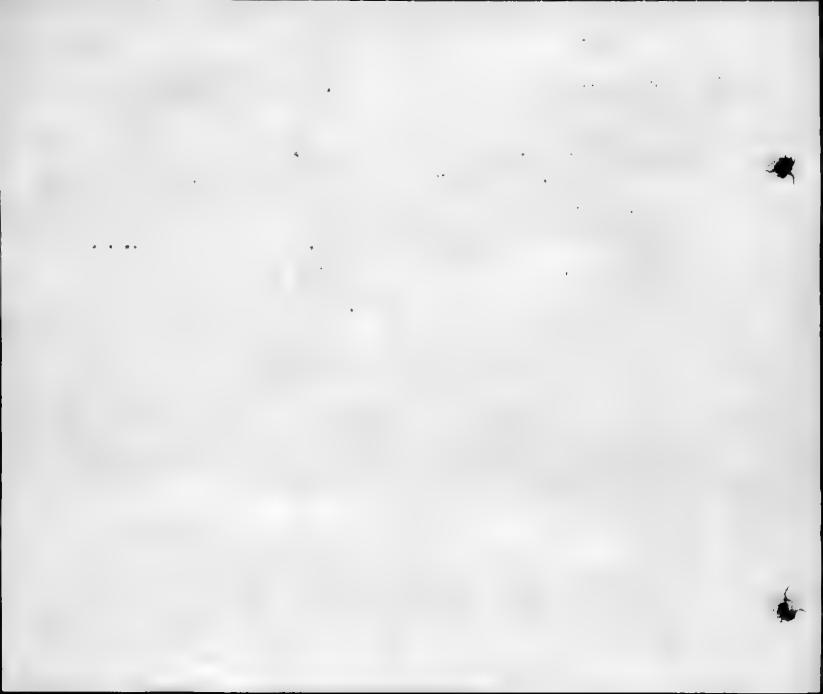
VR A15 (4) 15 9/60

24 FUNERAL DIRECTOR'S SIGNATURE Lee Funeral Home

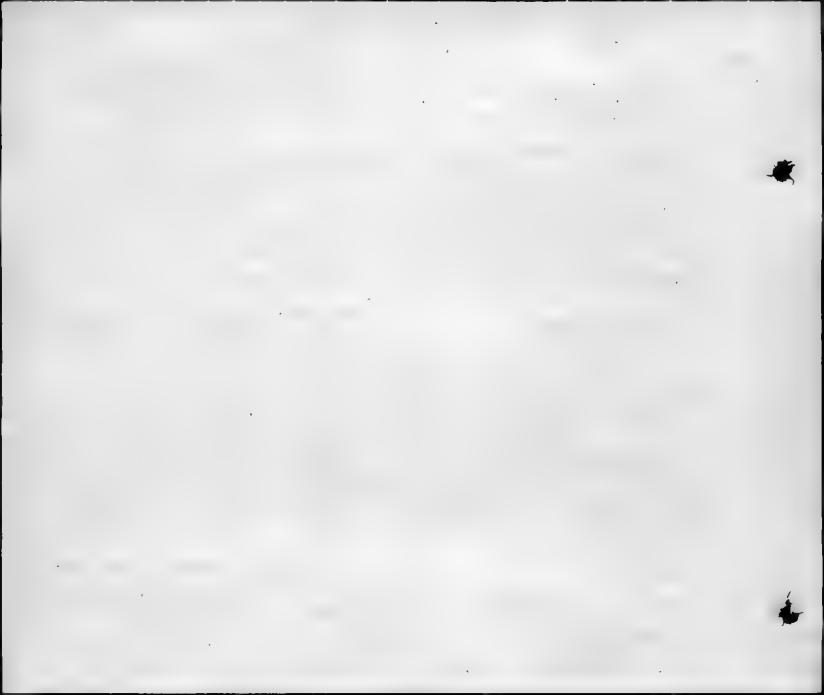


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institutions Residence before admission) e. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND Md. Md. Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. Cally OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL end giva naarast town) ģ 5 Riverdale Laurel 6 days filled d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Leland Memorial Hosp. YES NO Box. NAME OF DATE Month DECEASED OF 19 61 Bowser DEATH May Thomas A. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 87 yrs. Months! Days Hours Male WIDOWED TO DIVORCED physician 10a. USUAL OCCUPAT ON (G vs kind of work 12. CITIZEN OF WHAT COUNTRY? IDE, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE [County & State, or foreign country] done during most of working life, even if ratirad) U-S-A-Minn. retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending | Bowser Ellen Rvan Thomas 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIA, SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown), (If yes give war or dates of service) Mrs.Mary Ahlquist same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: stive facture issolvente hast diese IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate cause DUE TO (e), stating the underlying cause last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART 1 817 19. WAS AUTOPSY PERFORMED? certifica NO [prior use 20e. ACC DENT WAS JNDERLYING __ 20b. DESCRIBE HOW INLIRY OCCURED. (Enter nature of infury in Part I or Part II of Itam 18.)
OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY 2Dd. N.JRY OCCURRED 2Da. PLACE OF INJURY (Homa, farm. 2Df. (City or town) (County) (Stata) Month, Day, Year Not While factory, streat, office bldg., etc.) While at work at work p.m 0 21. I certify that (I) (this hospital) attended the deceased from ... DIRECTO , and that death occured atM, from the causes and on the date stated above saw the deceased arive on. 22b. DATE 22a, SIGNATURI SIGNED **ATTENDING** MED. **STAFF** DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) (Stata) 23e. BURIAN CREMATION. 23Ь. 23c 23d. LOCATION [City, town or county] 0:23 25a. REC D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS YR A15 (4) Centlun S. Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



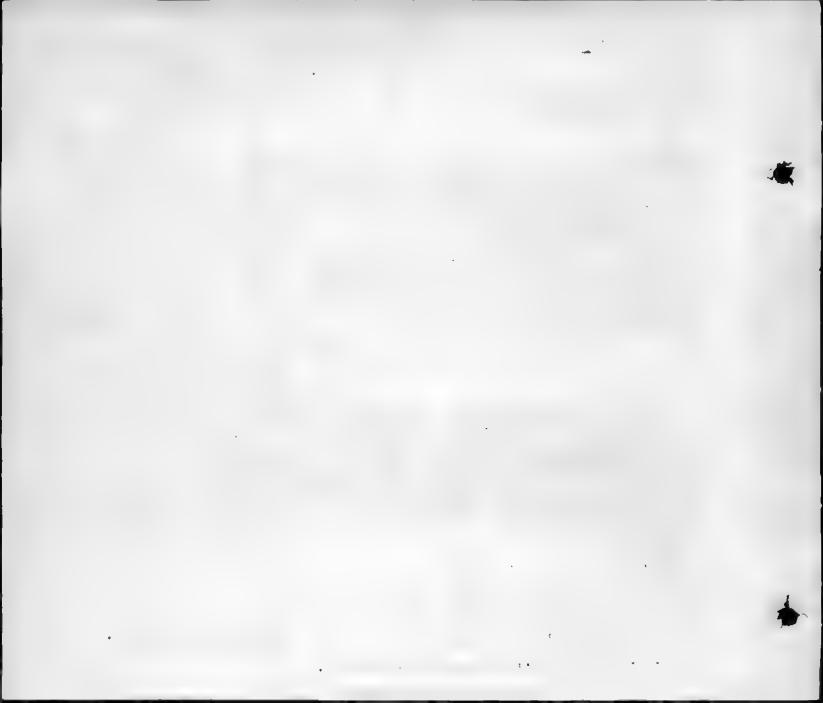
MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased I'ved, if institution; Residence before admission) 1. PLACE OF DEATH a COUNTY b. COUNTY Prince George rince # 7 H MARYLAND b. CITY OR TOWN (if outs de corpaliere limits, and LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURA), and give negrest lown) wells RURAL and give nearest town) IYEV a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF DECEASED OF DEATH (Type or print) carbon AGE (In yaars | IF UNDER 1 YEAR 5. SEX JE UNDER 24 HRS. 6. COLOR OR 8. DATE OF BIRTH NEVER MARRIED last birthday) physician and Months Days Hours WIDOWED [DIVORCED 50 1Dm. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unknwn) | (Ifyes give war or dates of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? SE 0 NO IN 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part | of Item 18) After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) 4 may be retained I DIRECTOR: After 3 should be detact While Not While Hour a.m. at work at work p.m. saw the deceased alive on many 26 19.6.1, and that death occurred at 7M, from the causes and on the date stated above. 22b. DATE P. SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. PHYS. D RECTOR M.D. FUNERAL 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOWATION/JCity, town or county (Stata) 234. BURIAL, CREMATION. | 236. DATE THEREOF 25a. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Cirilhur S. Turans



CERTIFICATE OF DEATH 5911 Reg. Dist. No. with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY filed COUNTY MARYLAND À c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and, give necrest town! should NAME OF HOSPITAL (IF d. STREET ADDRESS not in hospital, give street address IS RESIDENCE OR INSTITUTION YES NO NAME OF Middle 4. DATE Year DECEASED (Type or print) 19 9. AGE (In years 5. SEX 7. MARRIED NEVER MARRIED DATE OF IF UNDER 1 YEAR IF UNDER 24 HRS OR RACE [est pirthdox) Months Days WIDOWED [DIVORCED 100 USUAL OCCUPATION (Give kind of work dene 10b. KIND OF BUSINESS OR INDUSTRY foreign country) 12 CITIZEN OF WHAT COUNTRY? luring most at working life oven if retiged) FATHER'S NAME hours S. WAS DECEASED EVER ARMED FORCES? 72 aftending CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CCLUSION ģ mit. Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [T] NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18) ő 20e. PLACE OF INJURY IHome, farm, 20c TIME OF INJURY Day. 20d INJURY OCCURPED 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) White Not while of work 🔲 at work 21. I cortify that I attended the deceased from ! 196 that I last saw the deceased and that death occurred at 10 PM, from the causes and on the date stated above detach ADDRESS (Street) DATE SIGNED 0 ă 3 should PHYSICIAN'S NAME (Type) 220, BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Buria May 26. Cedar Hill Cemetery Suitland Maryland 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'S BY REGISTRAR 1 W. W. CHAMBERS CO.. A15 (4) Riverdale. DATE Maryland

death.

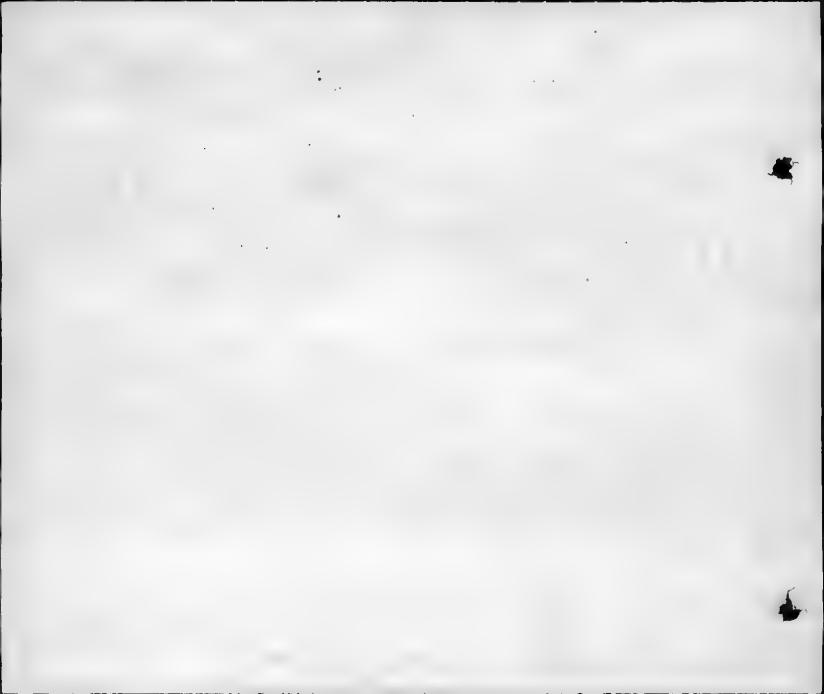
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY **b.** COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate cimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outs'de corporate limits, write RURAL end give neerest town) write RURAL and give neerast town) Riverdale Il days c College Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address. . IS RES DENCE ON A FARM? Eugene Leland Memorial Hospital YES NO T Dartmouth Avenue 3. NAME OF 4. DATE Dev Year DECEASED (Type or print) MITTHON WINTER O DEATH 26 BROCK 19 67 May 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SFX 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months pue Devs Hours White Male WIDOWED [DIVORCED [Feb. 10. 1890 IDe. USUAL OCCUPAT ON IG ve kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Self-employed Real Estate Broker Annapolis . Larvland United States 13. FATHER'S NAME please ding Charles W. Brock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) | (If yas give we ror detes of service) 050 18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) Plascular Renal Dresace Conditions, if any, which (6) gava else to mmediate couse arterio reterono DUE TO (a), stelling the undarlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? Se o NO 2De. ACCIDENT WAS UNDERLYING | 2Db. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of fem 18.)

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, | 2Df. (City or fown) (County) (State) While __ Not While factory, street, office bldg., atc.) Hour a.m. et work et work D.M. DIRECTOR 26, 196 / that (I) (we) last 21. | mertify that (I) (this hospital) attended the deceased from..... , and that death occured at...A.M., from the causes and on the date stated above. saw the deceased alive on./. 22e. SIGNATURE ATTENDING MED SIGNED DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION. (Stote) REMOVAL (Specify) 053 25b REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEMAY 3 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 5913 Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY filed MARYLAND Prince Georges County b. CITY OR TOWN (If autside corporate limits, write be C. CENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington 28 should Suitland Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddies) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 7829 Nimitz Dr. YES NO RE Suitland Nursing Home-4450-Whiteh NAME OF First Middle 4. DATE Lost Month Dav Yeor DECEASED (Type or print) DEATH 1967 JAMES BROOKS Mav 9. AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. ely Months Days Hours DIVORCED [WIDOWED MALE yrs. 10 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Railroad Shon Worker Railroad OWES KENTHCKY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOE BROOKS DORA WADE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Daughter) Campbell 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fEnter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour a. n. While Not while of work of work p. m. 21. I certify that I attended the deceased from 1000 200 1927. 19 / .. that I last saw the deceased and that deoth occurred at/ 55 M, from the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld AND COMPA (20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town/or county) (Stote) REMOVAL (Specify)

ADDRESS

Wash.D.C

.St.N.W.

240. REC'D BY REGISTRAR

DATE AY 1 8 '61

24b. REGISTRAR'S SIGNATURE

Carolina S. Through

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

Funeral

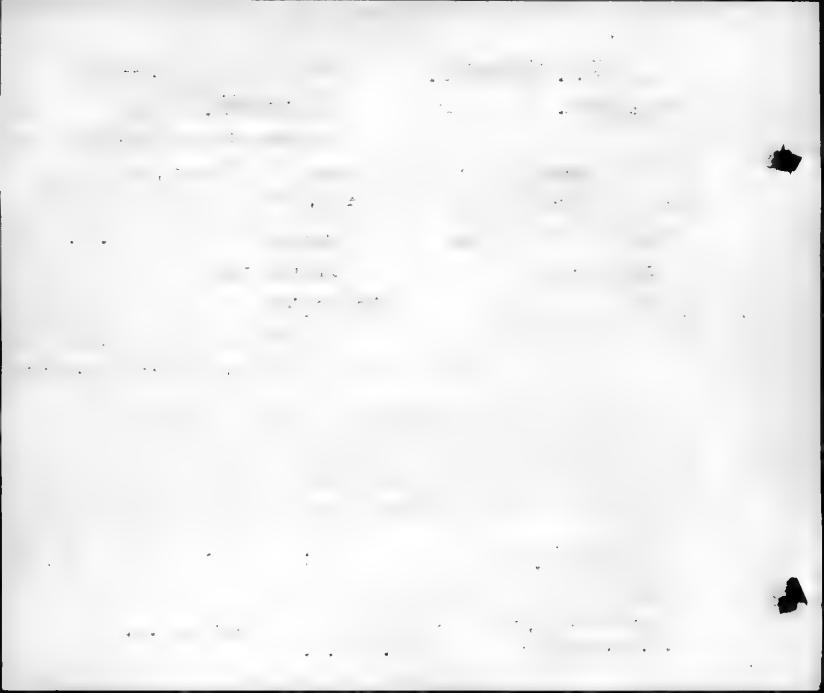
Home

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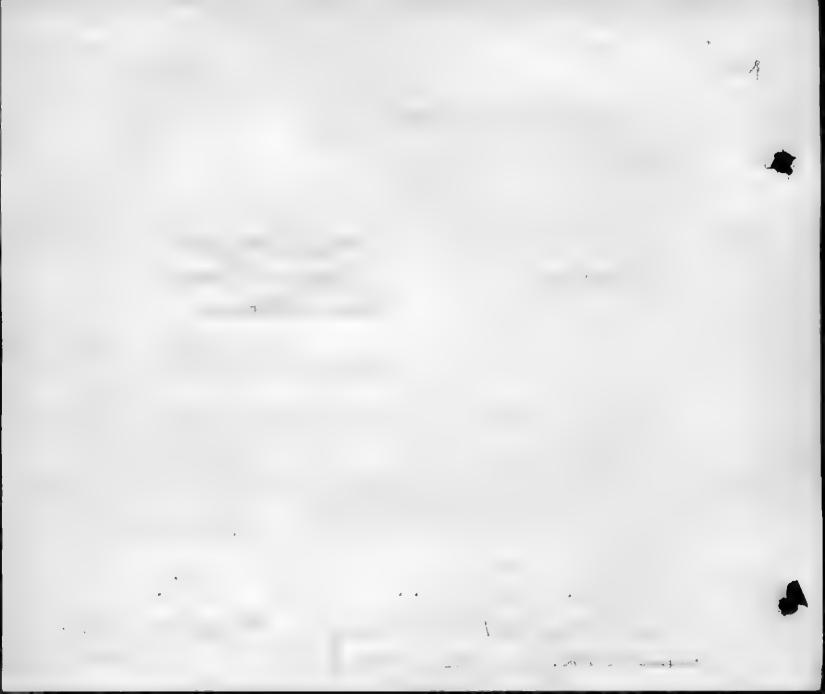
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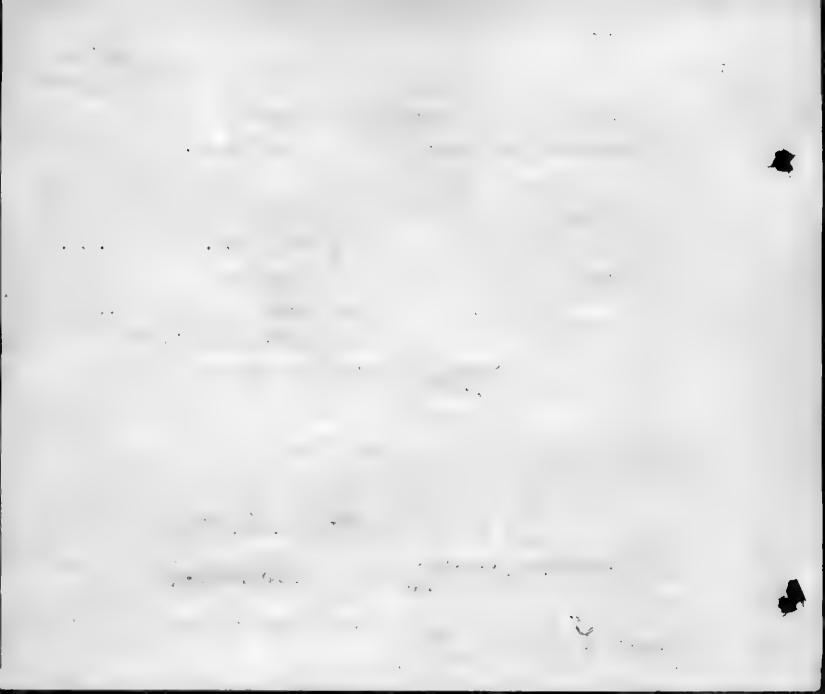
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	5914	Prince	George	's CoCE	RTIFICA	ATE OF DEAT	Н		Reg. Dist.	N6351	103
1. PLACE (OF DEATH	6723 Ner ark Md.	Mamsp Montgo	hire Ave	MARYLAND	2. USUAL RESIDENCE (W	here deceased	lived, If institut b. COUNTY	an Residence	before odmi	ssion)
b. CITY RURA Tak	OR TOWN	(If autside corpore nearest town)	ote limits, write			6723 New J	amephi Park M	ote limits, write i	RURAL and giv	re nearest lov	vn)
d, NAM OR II	AE OF HOSP INSTITUTION	ITAL (if not in hos i	pital, give stree	et oddress)		d. STREET ADDRESS 6723 New L	amsphir	e Ave 1	akona		ESIDENCE A FARM?
3 NAME of DECEAS	SED	Floren	First	C	Middle	Brown.	4. DATE OF DEATH	Hay 16		Day	Year 19
s. sex Femal	. 0	6. COLOR OR		RRIED NEVER	MARRIED 🔼	Stane 4, 1875		P. AGE (In years last brithday) yrs.		YEAR IF UNI	
durunc	AL OCCUPATION OF WO	ION (Give kind of orking life, even if	work done 10 retired)	KIND OF BUSIN	IESS OR INDU	STRY 11. BIRTHPLACE (Slote Maryland		untry)		OF WHAT	COUNTRY
13. FATHER	_					14. MOTHER'S MAIDEN					
	-	T Brown	D FORCESS 1	S. SOCIAL SECURI	TY NO. I	Caroline NFORMANT	Jone	S Ado	2035		
(Yes, no, or i		(If yes, give wor or o		s. SOCIAL SECURI		ss Grace Brow	m	<i>~</i> .	15 A S	A/3 C	
gove	e rise to e (o), stoting g cause lost	ine Under-	(b) DUE TO (c) IT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GI	VEN IN PART	PERF	ORMED?
20g A OR CC	ACCIDENT WONTRIBUTING	/AS UNDERLYING G □ CAUSE OF I Y MEDICAL EXAM	DEATH	SCRIBE HOW INJ	URY OCCURRE	D. (Enter nature of injury in	Port I or Port	It of item 18)		YES [] но []
	ME OF INJU Hour o.m.		Whil	INJURY OCCURR Not while ork at work	6	ACE OF INJURY (Home, far ctory, street, office bldg , et	m, 20f. (City	or town)	(Co	ounty)	(Stole
alive ACTU/ SIGNA	an 5	hat I attende	d the deced 19	// 7	that death	1970 to 157 m.o. 6 1 1 ()		he causes ar		date state	
220 BURIA REMO	AL CREMATI	y) as a m	HEREOF 196		F CEMETERY C	R CREMATORY		ON (City, town.	.,	(S)	ote)
23_FLINER	DIRECTO	R'S SIGNATURE /	Son	ADDRESS 57	32 4a.		D BY REGISTR	RAR 24b. REG	STRAR'S SIGN		



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Prince Georges Prince Georges b CITY OR TOWN (if outs de corporeta limits, c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) E LENGTH OF STAY N 16 write RURAL and give neerast town) Cheverly 22 days Westwood d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, a ve street eddress) e. IS, RESIDENCE d. STREET ADDRESS ON A FARM? Prince Georges General Hospital 3 NAME OF 4. DATE Month Last. [Type or print] DEATH May 19 Isaac Brown 16. COLOR OR RACE 17. MARRIED NEVER MARRIED S. SEX IF UNDER 24 HRS AGE (In years | IF JNDER 1 YEAR last birthdey) Months Male WIDOWED 10e. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired] rylanc None 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate couse DUE TO (a), stefing the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS ALTOPSY PERFORMED? NO 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 2De ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Dt (City or town) (County) (Steta) Month, Dey, Year factory, street, office bldg., etc.) Not While et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on., 22b. DATE SIGNATURE **ATTENDING** SIGNED DIRECTOR PHYS. PHYS. 22c HYSICIAN 22d. ADDRESS NAME (Type) Hageage .M.D. Cottage City. 23d. LOCATION (City, lown or county) (Stete) 23a, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 25e. REC'D BY REGISTRAN 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE DATEMAY





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND - FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admiss on) a. COUNTY director, Page or your files. oard of Health, **b. COUNTY** Prince George's Maryland Prince George's
c. CITY OR TOWN (Foulside corporete limits, write RURAL and give nearest lown) MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Soard of F write RURAL and give nearest town) NAME OF HOSPITATOR INSTITUTION (1 not in hospital, give street address) d. STREET PROFE Marlboro IS RESIDENCE ON A FARM? Marlboro Prince George's General Vospital YES NO 3. NAME OF Gertrude Last DECEASED Bryan OF Mary The May (Type or or nt) DEATH with 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with Page 5 may is 1 and 2 wil last birthday) White Female Months Deys WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CIT.ZEN OF WHAT COUNTRY? done during most of working I (e. even if relired) Pages press] 13. FATHER SNX SWIFE Own Home Maryland USA PM3. 8. Give Elizabeth Kidwell James Baker Curtin form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addmes (Yas, no, or unkown) | (If yas give war or detes of service) James Alfred Bryan 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c), . same PANTE HAL BETWEEN I-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Acute congestive heart failure Office DUE TO Cardiovas cular renal disease Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART II OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19, WAS AUTOPSY PERFORMED? 28 ease execute the certificate, writing the word NO J 70 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) should 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. T.ME OF INJURY 20d, INJURY OCCURRED 20a, PLACE OF INJURY [Homa, farm, 1 20f, (City or town) Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the L DIRECTOR: Pa at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) 228, BURIAL, CREMATION | 2801164 THEROF BOYOZE, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Rosarvville Cath.Cem. 40 Rosaryville, Upper Marlboro, Md. 246. REC'D BY REGISTRAR | 246. REGISTRARIS SIGNATURE 23. FUNERAL DIRECTOR DAMAY 2 2 '61 VS. ATSME Ritchie Bros. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 5918 **CERTIFICATE OF DEATH** directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss on o. STATE L. COUNTY MARYLAND PrinceGeorges Maryland Prince Georges funeral b. CITY OR FOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28 RURAL and give nearest town) should Deer Park Cheverly davs the d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS a IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES NO Prince Georges General Hospital 2212 Beaumont St S.E First Middle DATE Month Lost Day Year DECEASED fillec Pages (Type or print) DEATH Carl Bullis 19 61 Mav 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost bint la yl Months Days Hours WIDOWED [DIVORCED [yrs papers. Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CIT-ZEN OF WHAT COUNTRY? 72 hours New York S. A. pup pon None 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Car physician within Not known Not Known remove 17. INFORMANT Address Temple HILLS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO Ardelle Bullis 5530 Selby Lane. 3305 attending prease 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** þ Conditions, if ony, which permit ζЫ hos been signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost buriol-transit or attending physician. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY matian, PERFORMED? YES NO TO 200. ACC. DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) After this certificote 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m detoched for May 2 .. 196 /, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased fram. 196/. to. 196/, and that death accurred all 15MHrom the causes and on the date stated above. Health saw the deceased olive on TO FUNERAL DIRECTOR: 22o SIGNATURE 226 DATE SIGNED STAFF ATTENDING MED.
DIRECTOR ö 5-2-61 þ PHYS M.D Board 22¢ PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) Prince Georges General Hospital page 3 sh the State 23b, DATE THEREOF 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Suitland, Burial Cedar Hill ADDRESS 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR VR A15 (4) Orthur S. Frank DAMAY 1SM 9759



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission e COUNTY uneral director, Page sined for your files. a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND Prince George's e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) your FIA write RURAL and give nearest town) Cheverly Dead on arrival Oxon Hills A d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6031 Barnabas YES NO F Prince George's General 3. NAME OF 4. DATE DECEASED OF the the 3 to the (Type or print) DEATH Al.ton 19 James 61 May with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. age 5 may b 1 and 2 with 72 Jour af last birthday) 18. Give Pages 1, 2, and Hours Colored WIDOWED & DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page . done during most of working life, even if retired) Maryland S. A. Flasterer Construction pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lula Berry Frank Burch 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT 5100 Wheeter Raod S.E. (Yes, no, or unkown) | (If yes give wer or deles of service) Oxon Hill. Md. Office along with Raymond Burchy in pencil in Item 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN .⊑ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Congestive heart failure pue IMMEDIATE CAUSE (a) DUE TO burial Cardiovascular renal disease Conditions, if env. which geve rise to immediate cause Ю Examiner's pending" DUE TO (e), stetling the underlying 10 used a PART II. OTHER SIGNIF, CANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION G VEN IN PART 110 | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 cremat lease execute the certificate, writing the word NO 3D should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Chief ute the cerum. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) 0 Not While at work at work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes X Suicide Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 4th, 1961 EXAMINEA'S BURIAL, CREMATION, 226. DATE THEREOF NAME (Toe) Address (Street, city, town, or county) CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Luren 40 FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE Vs. A15ME 5M 7/59

30" (0

	AM	RYLAND STATE DE	PARTMENT OF HEA	LTH	***************************************				
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
l _	5920	Items 8 & 4 Fr.	Im Gao?>/19/6	l iwk	09333				
1,	PLACE OF DEATH		2. USUAL RESIDENCE (When		tion: Ras'danca before admission)				
	a. COUNTY ince George MARYLAN		Prince George						
	b. CITY OR TOWN (if outside corporete I mits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. C TY OR TOWN (If outside of Bowie						
	d. NAME OF HOSTITAL OR INSTITUTION (IF not	6 Days	d. STREET ADDRESS		A, IS RESIDENCE				
	Prince George General	Hospital	155 6th St.		ON A FARM?				
3.	NAME OF First	Middle	Lasi 4. DAT	TE Month	Dey Year				
	(Type or print) Jeffers	on	Carter DEA	TH May 8	1961				
5.	SEX 6. COLOR OR RACE 7. M	ARRIED XX NEVE ARRIED 3	. DATE OF BIRTH		IDER 1 YEAR IF UNDER 24 HRS.				
	Mate Colored		May 9,1909	last dey) Mon	ths Days Hours Min.				
10		IDS. KIND OF BUSINESS OR INDUST		aign country) [1]	2. CITIZEN OF WHAT COUNTRY?				
de	Laborer	P. RR	Virginia		U.S.A.				
13	Phillip Carter		14. MOTHER'S MAIDEN NAME						
	I I I I I I I I I I I I I I I I I I I		Mary Gray						
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address					
(1)	es, no, or unkown] (livesgivawerordetesofservice	1	Pearl Carter 155	6th St., B	owie, Mi.				
I	18. CAUSE OF DEATH [Enter only one coust	e per line for (a), (b), and (c)]			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	manufactor Dul	many Cunh	. 1	ONSET AND DEATH				
		mustiple gul	mandered cul à	0 4 4	1004				
	DUE TO - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
	gove itse to immediate cause								
	(a), stating the underlying DUETO								
1_	couso lost. (c) Intestinal Obstraction Euc to aduacing () PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY								
CATION	PART II, OTHER SIGNIFICANT CONDITION:	CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMINAL DISEA	ISE CONDITION GIVEN IN	PERFORMED? YES 14 NO				
I M	2Da. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of niury in Part I) of Item 18.)								
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (Stete)								
MEDICAL	Hour a.m.	While Not While fact	ory, street, office bldg., etc.)						
~	p.m. (*)		MAG & 10 66	1- More R	10 67 15 11 (1) (1) (1)				
	21. I certify that (I) (this hospital) attended the deceased from May. 8								
	saw the deceased alive on 19.6, and that death occurred at 1:350 from the causes and on the date stated above.								
	226. SIGNATURE 22b. DATE SIGNED STAFF SIGNED								
1	MD. PHYS. N DIRECTOR PHYS. Way 4, 1461								
	NAME (Type) = 2 werz E. Course & N. S. M. S. W. S. W. W.								
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country)									
REMOVAL (Specify) 5/13/61 Fork AMEZion, Wilsontow 1816 We Sh									
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 255. REGISTRAR'S SIGNATURE									
	Kleft + Scioule Comer myster 15:61								
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BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmiss on) y is necessary, I director. Page for your files. oard of Health, e. COUNTY e. STATE b. COUNTY Prince George's MARYLAND Prince George's Maryland b. CITY OR TOWN (if outs de corporate limits, . C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) be retained for your h the State Board of 10 hrs Cheverly Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Ravenswood Road ON A FARM? Junera Prince George's General Hospital YES NO 2 RILLAND 3. NAME OF 4. DATE Month DECEASED MICHAE 61 May (Type or print) DEATH 19 Michal Casamente indrew with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. age 5 may to 1 and 2 with 72 hours at last birthdey) Months Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (GIVE kind of work 106 KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if rehred) pages 1 School 13. FACTS PUCEO permit, File form Address (Yes, no. pr/unkown) | (If yes give wer or detes of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN 드 ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) and Hemorrhage and shock **DUE TO** burial. removal, [b] gave rise to immediate cause DUETO (a), stating the underlying 98 pesn cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 CERTIFICATION PERFORMED? execute the certificate, writing the word NO Medical pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Port I or Port II of Item 18) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 ated agent, prior to buri Month, Day, Year 20d. INJURY OCCURRED 206. PLACE OF INJURY (Flome, farm, 20f. (City or lown) /(Stale) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) While Not While C et work . at work C 19 6 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . death resulted from: Suicide Undetermined manner Natural causes Homicide Accident CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE FUNERAL 2 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) should Address (Street, city, town, or county) 9329 220. BURIAL, CREMATION. METERY OR CREMATORY LOCATION (City, fown, or country) REMOVAL (Specify) EATON, 1 Biczia ₽45 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilbury S. Henred 5M 7/59



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il Institution: Residence before admission) e. COUNTY a. STATE b. COUNTY MARYLAND Mary land Prince George color of TOWN (If outside corporate imits, write RURAL and give nearest town) b. Cribe fown (if outside Corporate | mils, E. LENGTH OF STAY IN 16 write RURAL and give naerast lown) Cheverly 11 days Chapel Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RES DENCE ON A FARM? YES NO Prince George General Hospital Old Fort Road 3. NAME OF DATE Month DECEASED (Typa or print) DEATH George Chew May 7 5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months Hours WIDOWED Male Colored Feb., 5, IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY 11, BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Charles County, Md. 13. FATHER S NEME OYED None 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Madeline Gladdin Same 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 Days IMMEDIATE CAUSE (6) UP OMI A Bronchopneumonia and pulmonary edema Davs Conditions, if any, which gave rise to immediate cause **DUE TO** (e), sleling the undarlying (c) Chronic pyelonephritis with abscess formation 10 Days PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A) 19. WAS AUTOPSY PERFORMED? NO I 2D0 ACCIDENT WAS UNDERLYING UNDERCONTRIBUTING CAUSE OF DEATH | IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I or Pert II of item 18] 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) Month, Dev. Yeer factory, street, office bldg., etc.) Not While While el work at work1961...., and that death occured at....7.120 inormina causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S 7016 Greig NAME (Type) 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)

National Harmony Cometery Suitland

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

ADDRESS

5-11-61

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

Pages filled paper and cor physician please aftending attending physician.

nas been signed by the burial-transit permit. certificate has by very see as the burn prior to burial, After this may be retained by DIRECTOR: After 3 should be detact aje FUNERAL rector, page OF VR A15 [4] 15M 9/60

funeral should

by the and 2 death.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If Institution: Residence before edmission) . COUNTY "in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, movel, and in any event within 72 hours after death. Prince George's . STATE Maryland ь соимprince George's elay is necessary MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) West Hyattsville years West Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 2400 Woodberry 2400 Woodberry 3. NAME OF Middle 4. DATE Month DECEASED Mver Soloman Cohn May (Type or print) DEATH MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR Male White lest birthday) April 19, 1884 Months WIDOWED F 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, even it refired) Butcher Food Maryland permit. File pages any event within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leo Cohn Sarah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPORMANT Address (Yes, no, or unkown) (Ifyesgivewerordalesofservice) Mrs Bertha Cohn. same as # 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY, Congestive heart failure IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, if eny, which (b) "pending" gave rise to immediate cause asse execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cramation, or ren DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY CERTIFICATION Diabetes of ten years known standing 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) factory, street, office bidg., etc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔽 Inquiry death resulted from: Natural causes K. Accident . Suicide | Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Type) Address (Street, city, town, or county) 226. DATE THEREOF 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) g40 Geo. Wash. Cemetery Hyattsville. Md. May 23, 1961 Burial 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME 4217 9th Street N.W. Goldberg Funeral Home 5M 9/60 Chilwa S. Thrus DATEMAY 2 2 '61

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO X

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NOXI

(State)

and in my opinion

DATE SIGNED

Deys

U. S. A.

IF UNDER 24 HRS.

61



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY e. STATE Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town! director Chanel Oaks Chapel Oaks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. STREET ADDRESS Rear of Fire Dept. Bldg. NAME OF 4. DATE Middle Last DECEASED OF (Type or print) DEATH BERNIS FIDWARD COLE 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX B. DATE OF BIRTH ₽ Z ¥ - last birthday) Page 5 mas 1 and 2 v Nov. 23 WIDOWED T DIVORCED 30 Male Negro 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) dene during most of working life, even if retired) Lahorer Brick- Const. North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ped Willie Cole McCain 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT T. Cole, #53 I St. N.W. 18. CAUSE OF DEATH itnier only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: UL MONAMEL IMMEDIATE CAUSE (a) upertensive heart disease Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. 3 64 plnous 208. EXTERNAL CAUSE YAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Pert II of Item 18.) (n) 20c. TIME OF INJURY 1 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year 3ge Not While factory, street, office bldg., etc.) While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. 0 forwarded I death resulted from: Natural causes X. Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER JAMES I. BOYD. M.D. NAME (Type) Address (Street, city, town, or county) 22c STAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 226, DATE THEREOF EMOVAL (Specity) 240 9 23. FUNERAL DIRECTOR

Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) a. IS RESIDENCE ON A FARM? YES NO X Month Day 1967 May 23 196]

19. AGE (In yours | IF UNDER TYEAR | IF UNDER 24 HRS. Months Devs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 4 (County) (Stata) Inquiry X and in my opinion Undetermined manner DATE SIGNED May 23. 1961 22d, LOCATION (City, Jown, or coun 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME William & Huma 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5926 CERTIFICATE OF DEATH

Reg. Dist. No. 05915

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1	PLACE OF DEATH o. COUNTY o. STATE D. COUNTY D. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o. STATE M. D. COUNTY
	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
H	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e is RESIDENCE ON A FARM?
_	429 50th and YES NO EL
3.	NAME OF DECEASED (Type or print) William E Complus 5 Month 10 196/
\$.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DAY OF BIRTH WITH WIDOWED DIVORCED 100 V 23 1868 9. AGE (In yeors lost birthday) Wonths Days Hours Min.
10	to. USUAL OCCUPATION (Give kind of wark done 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? (4.5)
13.	I. FATHER'S NAME
	John H.W Comphen MARGARET SPRING
	WAS DECEASED EVER IN C. S. ARMED FORCES? 16. SOC AL SECURITY NO. INFORMANT On. no. or unknown) (If yes, give wor or dates of service) NONE JOHN COMPAEN 4902 F.Sh. 11 E1611
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c) (c) INTERVAL BETWEEN ONSEI AND DEATH A vtcria sclerosis DUE TO (b) DUE TO (c)
CATION	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO DEATH OF THE PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO DEATH OF THE PART 1(a) 19 WAS ALTOPSY PERFORMED?
CERTIFI	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. p. m. 19 of work of work of work 19 of work
	21. I certify that I attended the deceased from Sefection, 19.58, to 5/10, 19.6/, that I last saw the deceased
	alive an
	SIGNATURE LUCY & COULT M.D. 6/24 Contral Av
	PHYSICIAN'S PETER DUUS Capital Heights 27 Md
22	BERIOLAL (Special Sold Addressed Character Seal Place Central Tura
23.	FUNE AL DIRECTOR'S SIGNATURE ADDRESS Wash, B (240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	Sheet Hunored Home 4812 ga also 460 DATELAY 15:61 Galley & thouse

may kentlained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offercation. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VS A1S (4) 15M 9/58

urs ofter death. Page 4

ad in by the funeral director, I and 2 should be filed with



RYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** MEDICAL EXA 22. USUAL RESIDENCE (Where dacassed lived, If institution? Residence before sum 1. PLACE OF DEATH a. COUNTY Page Health, **b.** COUNTY a. STATE files. MARYLAND b. City ok fown (if outside corporate | mits, Pr. Geo. Co. c. CITY OR TOWN (If outside corporate | m ts, write RURAL and give nearest town) director, for your Board of J write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) vrs d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ave. be refained State 3108-Lake 3108 Lake Ave. Cheverly. YES NO V Cheverly DECEASED n 24 hours after death. It is well as 1, 2, and 3 to the PM3. Page 5 may be reft to pages 1 and 2 with the 5 th within 72, howgs after de OF the (Type or print) DEATH Auga May 18th 1961 JAMES EDGAR CONOVER 5. SEX 9. AGE (In years IT UNDER I YEAR) IF UNDER 24 HRS. 8. DATE OF BRTH last birthday) Months Days WIDOWED T DOWED DIVORCED Aug. 6th 1897 white 63yrs. Male 10a USUAL OCCUPATION (G va k nd of work 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) California. Ohio Ret. U.S. Army form PM3. 14. MOTHER'S MAIDEN NAME Conover nee Carter Carrie ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Aud J. Conover (Yes, no, or unkown) ((fyasgivawarordatasofservica) Office along with Conover/ 577-36-6528 poith Jane 1917-1944 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) Examiner's (gave rise to immediate cause "peading" DUE TO (a), stating the undarlying cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION G. YEN IN PART 1'. 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word 8 NO X Medical plnous 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Jam 18) age 3 shout to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e TIME OF INJURY Month, Day, Yaar | 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Hour a.m. While Not While should be forwarded to the FUNERAL DIRECTOR: P. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection | | Inquiry 12 and in my opinion Natural causes 🕌 death resulted from-Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE May 18th 1961 DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Streat, city, town, or county) Forestville.Md. NAME (Typa) 228. BURIAL, CREMATION 226. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, lown, or country) Burial Arlington National Arlington Virginia
24b. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 0 4 Q 1961 23. FUNERAL DIRECTOR ADDRESS VS. AISME F. Gasch's Sons Hyattsville, Md. MAY 1 9 '61 5M 7/59 DATE arthur & Krows



15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5928 CERTIFICATE OF DEATH

05917

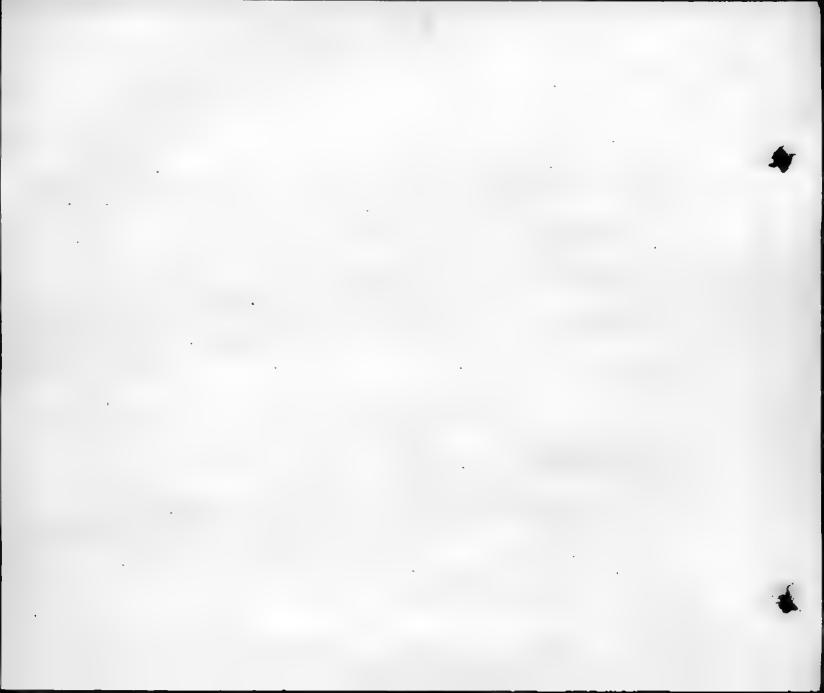
1	1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed I vad, if i	nstitution: Rasidenca before admission)
7	,	Prince Georges	MARYLAND	a. STATE	b. COUN	TY
		b. CITY OR TOWN ('f outside corporate limits			The state of the s	RURAL end give neerast town)
	write RURAL and give nearest town)					
		Glenn Dale (RURAL) s. NAME OF HOSPITAL OR INSTITUTION (IF	3 yrs.ll mo'	# Wa.	shington _	I . IS RESIDENCE
~	15	12. HAMIL OF HOSPITAL OK HASTITOTION (II	r nor in nospilal, give sireel address)	d. SIRCEI ADDRESS		ON A FARM?
		Glenn Dale Hospital				S.E. YES NO P
		NAME OF First	Middle	Last	4. DATE Month	Day Year
		(Type or print) Regi		Cooper	реатн Маз	7 3 19 61
	5.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	
)(Female Negro	WIDOWED DIVORCED	10/17/32	last birthday)	Months Days Hours M.n.
4	10e	USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & Stale, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	do	na during most of working life, even if retired Nurses! Aide	Hospital	Washing	ton. D.C.	U.S.A.
	13.	FATHER'S NAME	Hooptoat	14. MOTHER'S MAIDEN		_
		I C		Agnes	? Cooper	
	15.	James Cooper was deceased ever in u.s. armed force	CEST 14 SOCIAL SECURITY NO. 1 17	INFORMANT	Address	
	[Ye	s, no, or unkown) (Ifyesgivewerordetesofse	ervice)			
	- ,	No	7	Deceder	nt	
Ì		18. CAUSE OF DEATH [Enter only one	ceuse per line for (e), (b), and (c).)			ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (n)_	Pulmonary_tub	erculosis		8 years
		DUE TO				
		Conditions, if any, which (b)				
		geva rise to immediate ceuse				_
		(a), steting the underlying course lest.				
	z		TONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
	OIL					PERFORMED?
	5	200, ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURE) (Enter neture of Injury in	Part Lor Part II of Itam 18 1	YES NO
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	Zoo: Stockbelloll Hook! Goodle	tener notes of the sty		
			THE PROPERTY OF THE PARTY OF TH	CC OF BUILDING	1 201 201	10 11
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		ACE OF INJURY (Homa, ferr tory, street, office bldg., atc		(County) (Steta)
	ME	p+m. 19	at work at work			
		21. I certify that (I) (this hospital				
		saw the deceased alive on.,May	y31961, and that	death occured at.3	PM, from the causes	and on the date steted ebove.
		220. SIGNATUR		ATTENDING	MED STAFF	22b. DATE SIGNED
к		our run	in .		DIRECTOR X PHYS.	5/3/61
П		22c. PHYSICIAN'S NAME (Type) Mag Life's ar		22d. ADDRESS		
		NAME (Type) Moe Weis:	S	Glenn Dal	e Hospital, Gl	enn Dale, Md.
	23=	BURIAL, CREMATION, 235. DATE THERE	EOF 23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City, toy	vn or county) (Slets)
	5	MEMOVAL (6pedity) 5-9-196:	1 Harmony Memo	rial Park	Huntsville	Maryland
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A		C'D BY REGISTRAR 256, REC	
Alies Contraction	1	Maluan & Naki	4 424 R N.M	W DATE!	MAY 1 0 '61 C	William S. Header
ľ		TINCONI- N-OCTEV	1 1 1 - 1 - 1	1 1000		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY a. STATE by the and 2 death. Prince Georges County MARYLAND c. CITY OR TOWN (Pourside corporate simils, write RURAL and give neeres lowner b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nagrast town) Cheverly filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Prince Georges General Hospital 4619 3. NAME OF DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Curtis IF UNDER TEAR 9. AGE III Veels 5. SEX po rth dey) Months Devs Hours WIDOWED Famale | hite | 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR NOUSTRY done during most of working tife, even if retired)
Housewife Own Home Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding ple Patrick Magner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unknown Then y Address (Yes, no, or unkown) ((Ifyes give war or dates of service) Same as Item #1. John Curtis George 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO certificate has been r use as the burial-tr gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? S 0 NO T 20b. DESCRIBE HOW .NJURY OCCURED. (Enter nature of injury in Perf I or Perf I of Item 18.) 2Ds. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. NJURY OCCURRED ! 2De. PLACE OF INJURY [Home, farm, 2Df. (City or town) (Stata) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While __ Not While Hour am el work et work may be refain DIRECTOR: ., and that death occured at. 82.30Phom the causes and on the date stated above. saw the deceased alive on... ATTENDING 22b. DATE MED. DIRECTOR PHYS. FUNERAL 7016 Greig St. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) Max Herzberg, Seat Pleasant, Md. 236, BUR.AL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) (Stata) REMOYAL (Specify) る時間 Cedar Hill Cometery Suitland, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) DATE JUN Ritchie Bros. Fun'l Home-Upper Marlbord Uniting S. Thouse 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Luxue en th, rocke

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission, alay is necessary, real director. Page of for your files. Board of Health, e. COUNTY b. COUNTY e. STATE Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate I mits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RUKAL and give near as about write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Laurel e. IS RESIDENCE ON A FARM? be retained the State B YES NO North of Muirkirk Underpass 938 Lyon Avenue 4. DATE Month DECEASED OF (Type or print) DEATH Henry 1961 May Danesi 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED ₩ith B. DATE OF BRTH 19. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 1.2, a. 1.3, a 2 with lest birthday) Hours WIDOWED DIVORCED Mele March 30th. 1909 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHP_ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) Meat Inspector

13. FATHER S NAME U.S.A. within U.S. Govit New York N.Y.

14. MOTHER'S MAIDEN NAME Peter J. Danesi
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. Fredericka Flack Office along with form burial-transit permit. Fig. 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyesgivewerordatesofservice) 062-03-5029 NO

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Frances G. Danesi Same as INTERVAL BETWEEN ONSET AND DEATH Acute congestive heart failure PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Myocardosis Conditions, if eny, which geve rise to immediate cause "pending" DUE TO (e), slating the underlying 200 cremation, or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 11:8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO pino 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INHIRY OCCURED, (Enter neture of Injury in Part I or Part I) of item 18.1 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. asse execute the certificate, writing the should be forwarded to the Chief Me PUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, 20d. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) (Stele) factory, street, office bldg., etc.) While Not While Hour a.m. at work | at work | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 😿 Inquiry X and in my opinion Suicide Undetermined manner death resulted from: Natural causes 🛣 Accident Homicide | CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER F 7th., 1961 EXAMINERS NAME (Type) Address (Street, city, town, or county) 22c., NAME OF CEMETERY OR CREMATORY 22ª BURIAL CREMATION. REMOVAL (Specify) 240 p 15 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

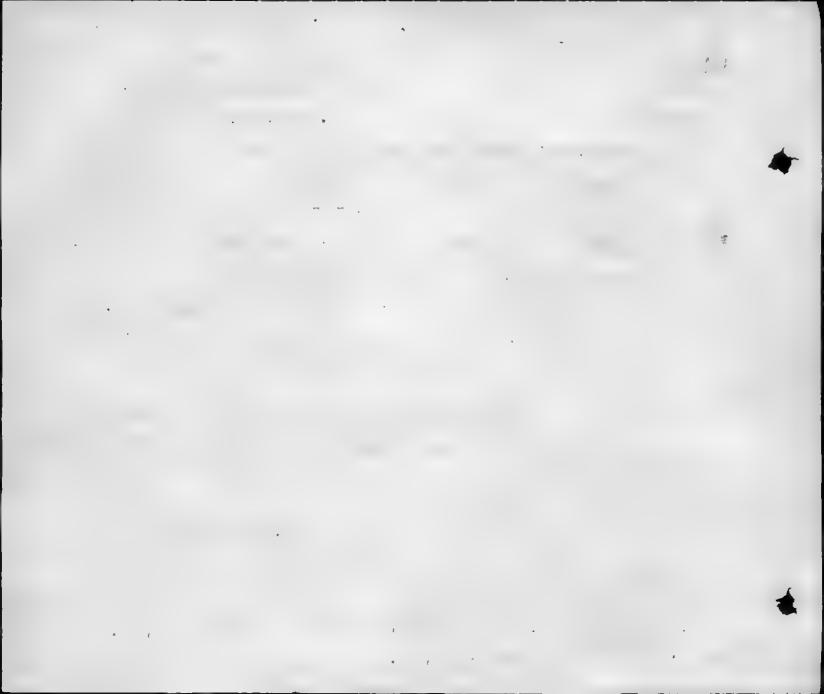
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funeral by the and 2 death. by filled in b Pages 1 aurs after c paper within carbon and physician remove please certificate use Drior After this detached may be retained DIRECTOR: Aft FUNERAL director, p VR A15 (4)

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF FUR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If institution: Residence before edmission) . COUNTY b. COUNTY Prince George's Prince George's BEATR VEHICLE director, Pr b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN IL c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) yalur rd of Villa Hei*e*hts Cheverly d. STREET ADDRESS med. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) . IS RESIDENCE Boar ON A FARM? Prince George's General Hospital 5615 Quincy YES NO DO 3. NAME OF Middle 4. DATE Month DECEASED 1961 the Smith (Type or print) DEATH May 29. Alward KSTAK Davis Cive Pages 1, 2, and 3 to orm PM3. Page 5 may be File pages 1 and 2 with 11 went within 72 hours after 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | White Male February 13. WIDOWED DIVORCED Os. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Public School U. S. A. Stonent Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Stender Robert Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyes giva weror deles of service) Mr. Robert T. Davis, same as # 2 None No 18. CAUSE OF DEATH [Enter only one cause par I no for (e), (b), and (c).] INTERVAL BETWEEN l-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) s Office a) a burial-tremoval, DUF TO Crushed chest gave rise to immediate cause Examiner's DUE TO (a), steting the undarlying 10 usad ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be u the word Multiple abraisions of the hips NO A 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | bicycle that was in a collision with a tractor ease execute the certificate, writing the should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, Was riding Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) the C 20c. TIME OF INJURY factory, street, office bldg., atc.) Whila __Not While P. G. Md. Cheverly 19 61 at work at work Inspection TC. 21. I certify that I took charge of the remains described above, held an Autopsy |]. Inquiry X. and in my opinion Accident X Suicide Homicide | Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ER BURRED SIGNATURE 5/29/61 EXAMINER'S James I. Boyd NAME (Typa) Address (Street, city, lown, or county) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) N N Burial (Specify) Colmar Manor, Md £40 g 1961 Ft Lincoln Cemetery 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME IN . Gasch's Sons Hyattsville Md DATE



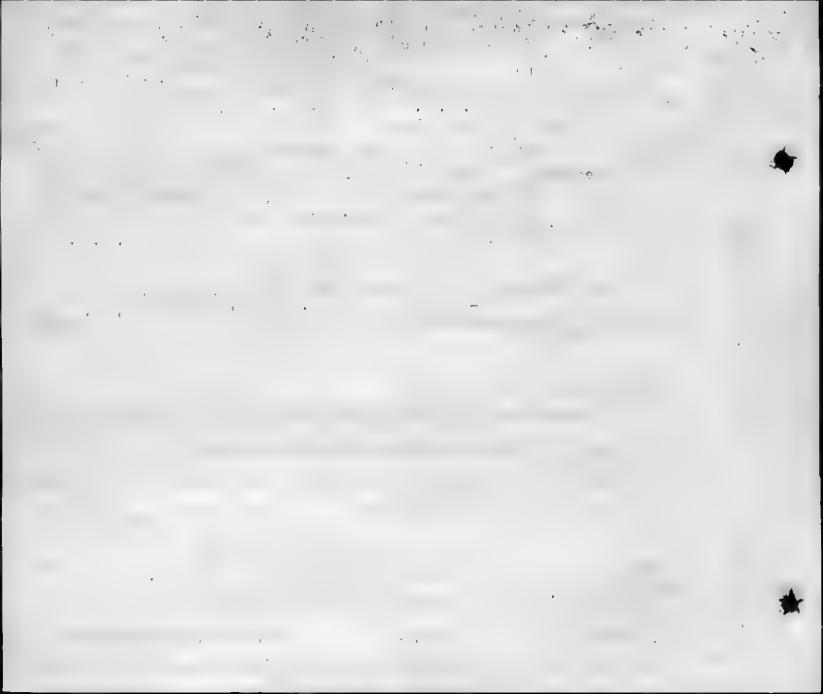
FOR STATE HEALTH DEPT.

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours all— death. It is delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in any event within 70 pour after death. and 2 with the store

VS. A15ME 5M 9/60

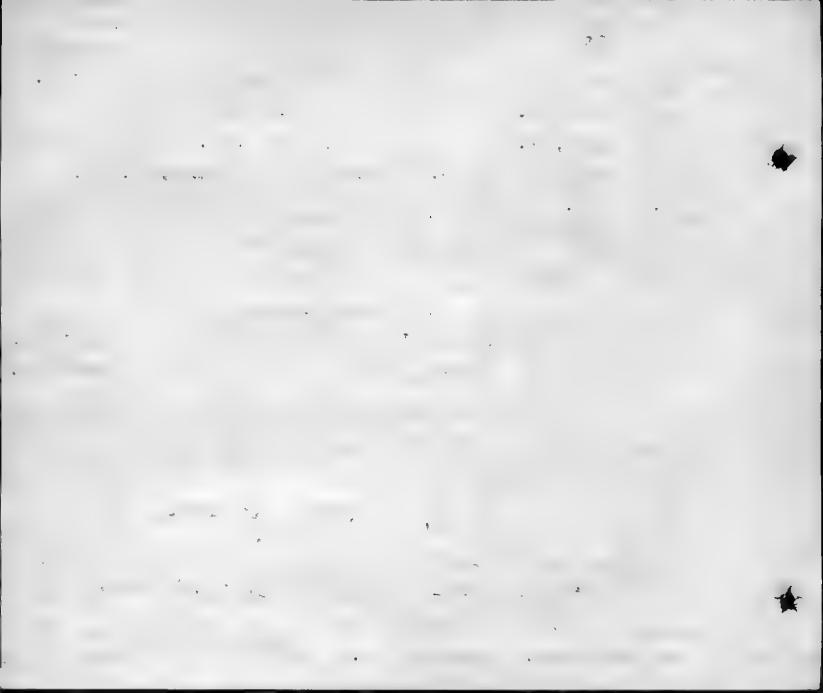
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

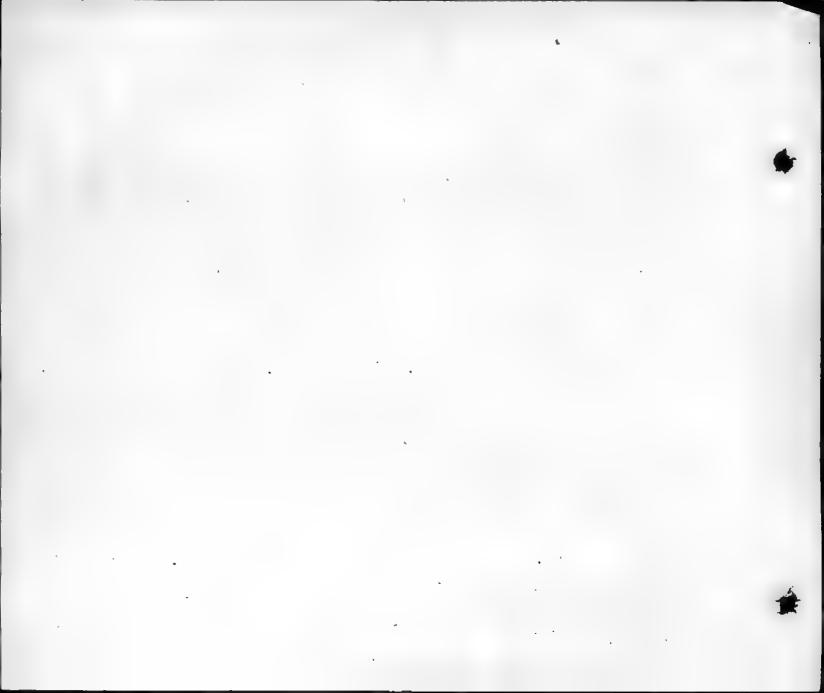
		00324			
	1. PLACE OF DEATH • COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. STATI Maryland b. COUNTY			
1	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN th	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
1	RIVETON Ind sive nearest town) D. O. A.	University Park			
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 4. IS RESIDENCE			
	Leland Memorial Hospital	6900 Oak Ridge Road YES NO TO			
		Dean Last May 26 1961			
	Male White WIDOWED DIVORCED A	DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS, last birthday) Months, Days Hours Min.			
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)				
	Engineer Research	Missouri U. S. A.			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Georgé Dean	Luella Scott			
	(Yet no or untown) ! ((fueroisessessessesses)	No 6/9-48-2196 William W. Gillett. 2/02 Datumore Ave			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	College Park, Md.			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) ONSET AND DEATH				
	DUE TO A				
	Conditions, if any, which 7 (b) Certerio Selenaticheart alexago				
	gave rise to Immediate cause (e), stating the undarlying DUE TO				
1	causa last. (c)				
ı	PERFORMED? YES 3 NO 1				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 20b. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of Injury In Part I or Part II of Item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour a.m. While Not While Not While at work at work at work at work as work as work as work as work as work.				
	01.7				
ı	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion				
ı	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner				
-	CHIEF MEDICAL EXAMINER				
7	SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED				
ı	DEPUTY MEDICAL EXAMINER \$ 5/26/61 NAME (Type) James I. Boyd Address (Street, city, fown, or county)				
ı	PZE, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, of country) (State)			
	Bur-Transit 6/1/61 Rolla Cemeter	Rolla, Missouri			
23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE					
	Robert A. Pumphrey Bethesda, Maryl	Land DATE MAY 31 '61 Ording S. Hours			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5936 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) Pr George o. STATEMaryland b. COUNTY beorge. by the land 2 seeth. MARYLAND b. CITY OR TOWN (a) outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest lowel Mt Rainier - Rrundel Rd. 2407 .57 filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, g ve street eddress) d. STREET ADDRESS e. (S RESIDENCE ON A FARM? 2407 Arundel Rd. Rainier. Md. YES NO NAME OF First Month Year Middle DECEASED 25th.1961.19 PAULINE DENGLER May (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and WIDOWED K DIVORCED physician 100. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove BIRTHPLACE (County & Stelle, or foreign country) done during most of working life, even if retired) Housewife Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending pue Wfilliam Howard Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. I Address Then (Yes, no, or unkown), (If yes give wer or detes of service) oval, Emalir the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, it any, which fb1 geve rise to Immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V 2Db DESCRIBE HOW INJURY OCCURED. (Enter neture of murry in Pert 1 or Pert 11 of Item 18.) 20s. ACCIDENT WAS UNDERLYING [7 OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, Ierm, 20f. (City or town) (County) (State) fectory, street, office bldg , etc.) While Not While Hour a.m. et work al work may be retaine DIRECTOR: D. m. 21. I certify that (I) (this hospital) attended the deceased from 29, 19 b. , that (I) (we) last ..., and that death occured at.... .M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE PHYS, DIRECTOR PHYS. MD. FUNERAL 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BUR AL, CREMATION, REMOVAL (Specify) å di Oakridge Cemetery 0 Altoona Pa Buria 256. REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & thous Funeral Mome. - Washington D.C. 15M 9/60

DATE





VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

5029

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

65013m

١Т		
Л	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
	Prince George MARYLAND	Maryland Prince George
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Foutside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest lown)	0-11
	d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tal, g ve streat address)	College Park d, STREET ADDRESS o. IS RESIDENCE
	at the control the control the control to the top to the street endersy	ON A FARM?
	Prince George General Hospital	4814 Delaware St. YES NO 12
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) Lelia	DEATH 10 /-
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (IN YARR) IF UNDER 1 YEAR I IF UNDER 24 HRS.
	The state of the s	lest birthdey) Months Days Hours Min.
		Sept. 1882 78 yrs. 11. BIRTH "ACE (County & State, or fore an country) 12, CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	71 0 4
	Housewife own home	Virginia U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Alfred Dunkum	Mary Haley
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	(Yes, no, or unkown) (Ifyesgivawarordalesofservice)	ary Gee Long Annandale Virginia
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	I I I I I I I I I I I I I I I I I I I
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) -1-111201C CO111	100-19181 in 11 1 Juneuring E. 12 TUX
	DUE TO TO	
	Conditions, if any, which \ (b) \ \ Enz(\(\alpha \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PASITIC VICEL WEEKS
	gave rise to immediate cause	
	(e), stating the uncertying	
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT 206. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING [] CAUSE OF DEATH [] III EITHER, NOTIFY MEDICAL EXAMINER]	PERFORMED?
	<u> </u>	YES NO [
	\(\begin{array}{ll} \equiv 200. \) \(\text{DESCRIBE HOW INJURY OCCURED.} \) \(\text{LS OR CONTRIBUTING F1 CAUSE OF DEATH \end{array}\)	(Enter netura of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or lown) (County) (State) ory, street, office bldg., atc.)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE Factor William 19 et work at work	1
		19, to hay 5
		death occured at T.A.M. from the causes and on the date stated above
	The state of the s	death occurred ar
	226. SIGNATURE	ATTENDING MED. STAFF SIGNED
	M.	
	22c, PHYSICIAN'S NAME (Type)	220 ADDRESS
	7.20	If all meet had
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. JAME OF CEMETERY C	
	REMAYAL Affective 5/8/61 Arlington Nat	tional Arlington Virginia
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DATEMAY 15 '61 Chilling S. Kines
		POLICE TO THE PROPERTY OF THE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 9 Film G288 5/26 USUAL RESIDENCE (Where decaesed lived, II institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE **b.** COUNTY Prince George by the and 2 death. Rhode Island b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 by write RURAL and give nearest town) .Ε hours after Cheverly hours Providence d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Prince George General Lester 3. NAME OF 4. DATE Month paper DECEASED OF Michael comp Dover (Typa or print) DEATH c May carbon 运 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In year == and lest birthd Months hale White event, WIDOWED T physician 10a. USJAL OCCUPATION (Give kind of work remove 105, KIND OF BUSINESS OR INDUSTRY 11 done during most of working Life, avan if retired) Retired 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME ease Unknown Unknown <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16. SOC AL SECURITY NO 17. INFORMANT Addrass (Yas, no, or unknwn) i (If yas give wer or datas of sarvica) Louis Dover Lanham. Md. 18. CAUSE OF DEATH [Enter only one cause per I re for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) emation, burial-transit DUE TO Conditions, if any, which peen gave risa to mmadiata causa DUE TO (a), stating the underlying has cause last. certificate ha PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION 2De ACCIDENT WAS UNDERLYING I 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER After Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) 20c. TIME OF INJURY factory, street, office bldg., atc.) Whila Not While AEDI Hour e.m. el work et work DIRECTOR 196 21. I certify that (I) (this hospital) attended the deceased from. ... and that death occured at ... 9.245 fram the causes and on the date stated above. saw the deceased alive on. should 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 230. BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify) O : 5 & Transportation Providence Rhode Island

ADDRESS

Hyattsville, Md.

e. IS RESIDENCE ON A FARM? YES NO 😓

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN ONSET AND BEATH

> PERFORMED? NO

> > (Stata)

(Stata)

12. CITIZEN OF WHAT COUNTRY?

UNDER 1 YEAR

(County)

arthur S. France

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE

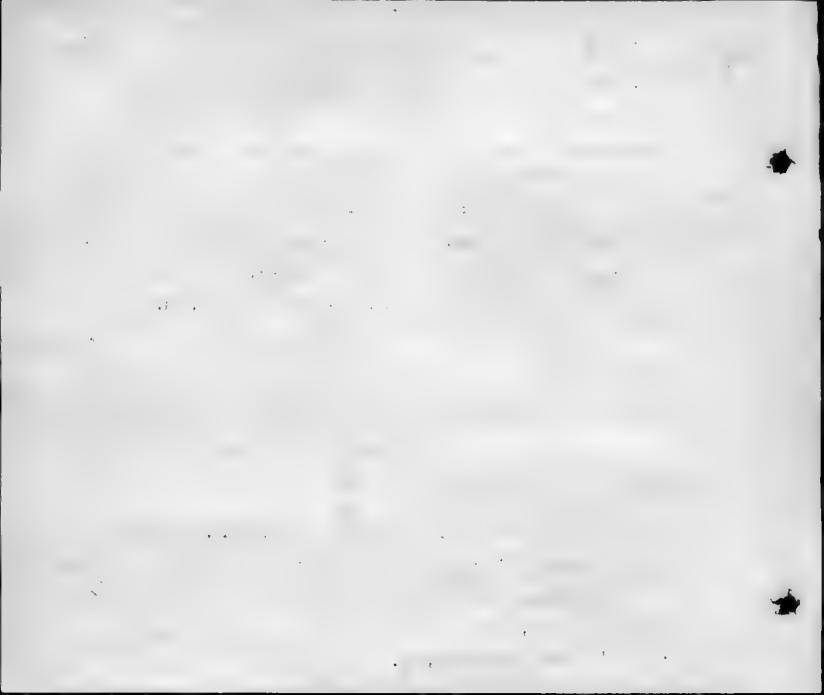
Deys

S

g physician. signed by th affending etids FRAL VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fived If institutions Residence before admission) O. STATE b, COUNTY MARYLAND CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) D.N. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET e. IS RESIDENCE ON A FARM? YES NO 4. DATE Middle Manth Year Day DEATH 19 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Days WIDOWED [DIVORCED [USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11 SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME Address V 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT W INTERVAL SETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO DUE TO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m.

p. m.

20d. INJURY OCCURRED While Nat while at wark at wark

20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc.)

(County)

My fram the causes and an the date stated above.

(State)

1, PLACE OF DEATH

OR INSTITUT OF

a. COUNTY

NAME OF

SEX

DECEASED

(Type or print)

13 PATHER'S NAME

22d, ADDRESS

220 / SIGNATURE

21. I certify that (1) (this haspital) attended the deceased from 11) and 2

saw the deceased alive an (1) (4)

22c PHYSICIAN'S

NAME (Type)

and that death accurred at 12 M.D

ATTENDING PHYS

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STAFF DIRECTOR

23d LOCATION (Cyty, tawn, ac county)

22b DATE SIGNED

(State)

-REMOVAL (Spec fy)

230 BURIAL, CREMAT ON, 23b. DATE THEREOF

6177 C/L

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

250 REC'D BY REGISTRAR

25b, REGISTRAR'S SIGNATURE

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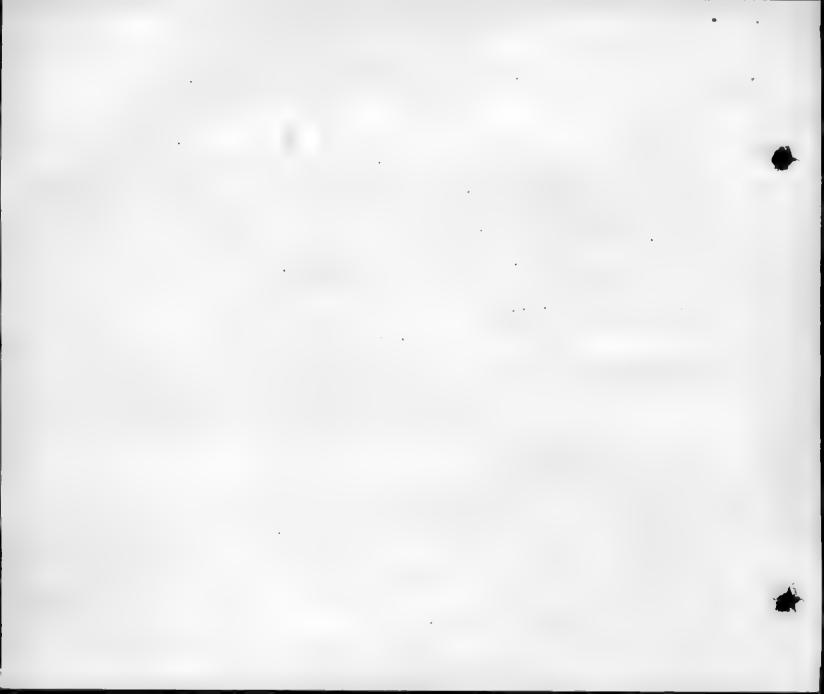
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MARYLAND STATE DEPARTMENT OF HEALTH

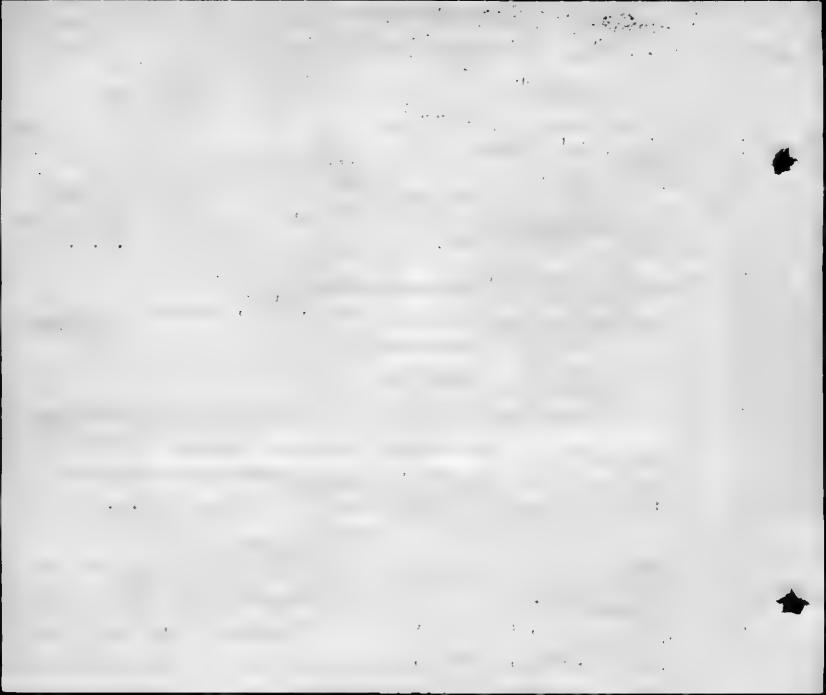
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

J	5041 CERTIFICAT	E OF DEATH	059.36
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed I ved, If	
ı	Prince George's MARYLAND	*. STATE Paryland b. COUN	"Prince Georges
ı	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown)	c. CITY OR TOWN (If outs de corporete limits, write	RURAL and give neerest town)
I	Hyattsville Md.	Hyattsville, Md.	2 /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
4	4803 69th Place	4803 69th Place,	YES NO K
ı	3. NAME OF Frst Middle DECEASED DO DECEASED	Lest 4. DATE Month	Dey Yeer
ı	(Type or print) Randolph Henry Dull	DEATH May	21, 1961-196
Į	5. SEX Male 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years lost buth da	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	WILLE WIDOWED DIVORCED	Ma March 24. 1899 62 yrs.	Months Days Hours min.
ı	10%. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)		
	Retired Instructor University of M	d Virginia	USA
Ī	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
1	John Edward Juff	? Gibson	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1 [Yes, no, or unknown] [(Ifyesgive werordetespiservice)]		
ı		Mildred Sherman Duff Hy	attsville Md.
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	0 -	ONSET AND DEATH
	IMMEDIATE CAUSE (6)_ Coronary (We	mbosis	(•
	DUE TO TA SO T	à Cardio vascular &	LISERIO.
į	Conditions, if eny, which gave rise to Immediate ceuse	a Corocco Vascutor 1	
	(a), stating the underlying DUE TO		
	ceuse last. (c)	THE ACT OF A VALUE AND A VALUE	CELLIN DART II. I TO MAS AUTORSY
	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	OF RELATED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?
	The acceptant whas independent of the presente from the first of), (Enter neture of injury in Pert I or Pert II of Item 18)	YES NO
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	, (three desire of injury in cert i of Perr ii or iiem to)	
		ACE OF INJURY (Home, ferm, : 20t. (City or lown)	(County) (State)
	G Hour a.m. While Not While	tory, street, office bldg., etc.)	(2001)
		June 1959, 10 May	11 10/01 11 11 11 11 11 11 11 11 11 11 11 11 1
	21. I certify that (I) (this hospital) attended the deceased from	death occured at 36M, from the causes	21., 196.1, that (I) (we) las
	saw the deceased alive on	death occured at M, from the causes	22b. DATE
	MINING AKOMON MAL	ATTENDING MED. STAFF	5/n Signed
	22c. PHYSICIAN'S	22d. ADDRESS	7/-/6/-
	NAME (Type) Walliam II Roman	5510 Madison & Riverd	/ 1
	NAME (Type) William D Rosson	Pozo ratarbon paperaryer	ale, Md.
	238. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, to	wn or county) (State)
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, to	wn or county) (State)
	23e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, to Colmar Dia 25e. REC'D BY REGISTRAR 25b. RE	wn or county) (State)



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMIN FOR STATE , PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution, Residence before edmission) COUNTY director, Page or your files. bard of Health, b. COUNTY Frince George's Del awarre MARYLAND b, CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give negrest town) write RURAL and give nearest town! Wilmington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital 900 Marble Road YES NO F 3. NAME OF Middle 4. DATE Month DECEASED the (Type or print) Richard DEATH 19 61 Michael. May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 2 will last birthday) Months I Hours Deva April 18, 1941 Male White WIDOWED [DIVORCED I שישיב 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) University of Md U. S. A. Student Delaware PM3. Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Edward Buffer Florence Stidham 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesotservice) Charles E. same as # 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) Henorrhage and shock **DUE TO** Conditions, if eny, which Gun shot wound of the head... (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTORSY PERFORMED? NO TH YES 70 200. EXTERNAL CAUSE WAS PRIMARY TO OF DEATH. 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) the Chief / R: Page 3 s log to buris cheek and pulled the 20e. TIME OF INJURY factory, street, office bldg., etc.) at work et work Dormitory College Park 5 년 전 :: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L Inquiry T and in my opinion forwarded i death resulted from: Natural causes 20todex XXX Homicide Undetermined manner DC Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER K EXAMINER'S NAME (Type) James I. Boyd Address (Streat, city, town, or eounty) 22c. NAME OF CEMETERY OR CREMATORY 228 BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, lown, or country) (State) Burial g 4 5 9 1961 Riverview Cemetery Wilmington, Delaware 23. FUNERAL BIRECPOR 24s. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME Claymont, Delaware MAY 1 0 '61 Osthur & Kroug 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



BALTIMORE 1. MARYLAND MEDICAL EXAMINER Item & & y 2. USUAL RESIDENCE (W ? dacessed I vod, If institution, Rendering Red admission) PLACE OF DEATH 6 COUNTY . Va e COUNTY Page Lineral director, Page MARYLAND C. V. Change c. CITY OR TOWN LE guisside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate) mits, c. LENGTH OF STAY IN 16 write EURAL and g Ve nearest fown) d. STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (if not in hospitel, give street eddress) Boar ON A FARM? YES THINO! DATE Dev 3. NAME OF Middle Month DECEASED (Type or print) 8. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 1916 7. MARRIED TO NEVER MARRIED 5 n. 2 hours Months DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Give Pages 1, 2, orm PM3. Page dona during most of working life, avan if relired) peges 1 Within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN ULS. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or detestatisery ce) 18. GAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Office HRTERIGSCLERUSIS Conditions, if any, which gave risa to immediate cause DUE TO (a), stating the underlying PART J. OTHER SIGNIF CANT CONDITIONS CON RIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Medical 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury In Part I or Part I of Item 18.) 20e EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief A , 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, . 20f. (City or town) 20c. T.ME OF INJURY Month, Dey, Yeer 0 0 factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 1 Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MED. CAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, c'ly town, or county) 228. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Rose Hill Cemetery 0 2 0 0 Lamoni Iowa 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Threes Arehart Funeral DATE 5M 7/59 Home

LAND STATE DEPARTMENT OF HEALTH









DIVISION OF STATISTICAL RESEARCH AND RECOR PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 5944 Items 0.9 & 14 Flam deve PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institut on, Residence before edmission) a. COUNTY Princeolebrge Prince George MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate Irm ts, write RURAL and give nearest town, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 8 Days Beltsville Cheverly d. NAME OF HOSP TAL OR INSTITUT ON (if not in hospite, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 11012 Mont. Rd. Prince George General Hospital YES NO 3. NAME OF 4. DATE Month Year DECEASED (Type or print) Fberle DEATH M ay 18 19 61 Fmma 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED] 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest butidey) WIDOWED TX D YORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Stat or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife own Home USA Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Coomes Norwood P Glading 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer orderes of service) Anna M Funk Lanham, Md 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (e), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO [CERTIFIC 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of miury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Dey, Yeer 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY (State) Not While factory, street, office bldg., etc.) While Hour a.m. at work et work 19 May saw the deceased alive on Hay .19. 61, and that death occurred at 1.30P from the causes and on the date stated above. 226. DATE 22a. SIGNATURE ATTENDING MED. SIGNED STAFF D.RECTOR PHY5, PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Dr. Till Bergemann 3-D Cresent Road, Greenbelt, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) 123c. NAME OF CEMETERY OR CEDEUTION'S REMOVAL (Specify) May 22, 1961 Arlington National Arlington Virginia Burial 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hyattsville, Md. Chilbury S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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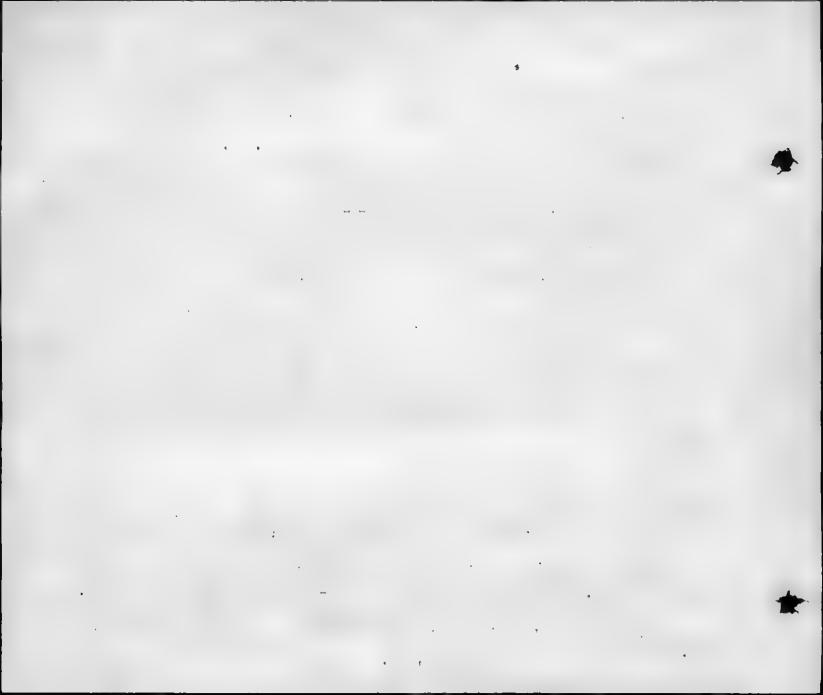
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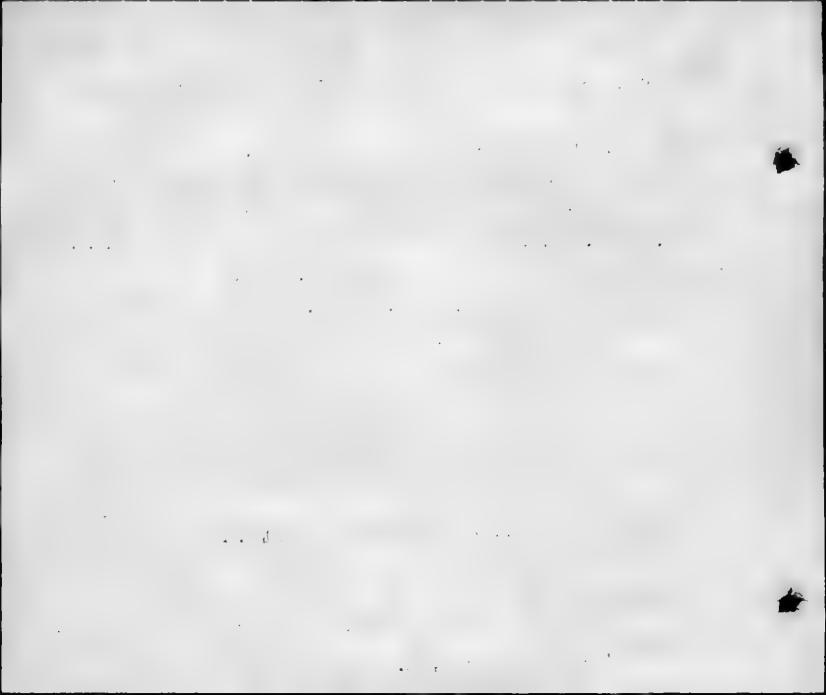
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TON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral F111 5200 JUL INVO PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution; Residence before edmission) COUNTY b. COUNTY e. STATE Prince George by the and 2 death. Prince George Marvland MARYLAND b, CITY OR TOWN (if outs de corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly 25 days Seat Pleasant filled i d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO] 3. NAME OF DATE DECEASED (Type or print) DEATH Franklin Fairbanks l'av 6 COLOR OR RACE 17, MARRIED T NEVER MARRIED yeers | IF UNDER 1 YEAR 8 DATE OF BIRTH IF UNDER 24 HRS. a thiday) Months Doys Male DIVORCED WIDOWED physician 10e. USUAL OCCUPATION (G.ve kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? Ret. Clerk B. & M. Rail Road Vermont U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending p William Fairbanks Delia A. Godding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yet no, or unkown) (Ifyesgivewerordelesofservice) William H. Fairbanks Same as # 2 (Son) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN þ ONSET AND DEATH cute the ambosis of coronars actions PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed 1) Arteriosclerotic coronary astern disease Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying Pur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 1 19. WAS AUTOPSY 98 PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (51e1e) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (i) (this hospital) attended the deceased from April 8 19 61 to May 19 .61 that (i) (we) last 22a SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, 23b., DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 5/5/61 East Burke WOodmont Cemetery Vermont 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. Gasch's Sons Children S. Kracia Hyattsville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

may be retained DIRECTOR: Af FUNERAL I रू **०** ज़ें के VR A15 (4) 15M 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL REVIDENCE (Where decested lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY E. CITY OF TOWN ON A FARM? YES NO NAME OF DECEASED (Type or print) 5. AGE (In yeers IF JNDER 1 YEAR IF UNDER 24 HRS. Months Hours WIDOWED 12. CIT ZEN OF WHAT COUNTRY? done during most of working I fe, even if retire nono 13. FATHER'S NAME 15. WAS DECEASED EVE IN U.S. ARMED FORCES?
(Yes, no, or unknown) (tryesg've werendetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUF TO (e), stelling the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISH SE CONDITION GIVEN IN PART HOT 19, WAS AUTOPS PERFORMED CERTIFICA 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm 20f. (City or town) (County) (State) factory, street, office bldg, etc.) While Not While et work et work 21. | certify that (this hospital) attended the deceased from. saw the deceased alive on. From the causes and on the date stated above. DATE ATTENDING SIGNED PHYS. PHYS. 22c. PHYSICIAN 22d. APORESS

REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

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101 to	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
The A	CERTIFICATE OF DEATH Reg. Dist. No. 05936
Page A	1 PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Delice George Maryland April Maryland Delice George Delice Geor
erol di	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
fter de fun he fun hould	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
nd 2 s	11305 MONTGOMERY ROAD 94 Durkirk Rd. YES NO
S Led	3 NAME OF DECEASED (Type or print) EMMALINE FERRMANN DAY 25 1961
I within 2	5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1882 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR5 Manths Doys Mours Min. 78 yrs
executed compine poper.	100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY D. BIRTHPLACE (State or foreign country) Hemissipal of working fife, even if retired) WHOM Pallimone, Md. 12. CITIZEN OF WHAT COUNTRY?
cate be ex sicion and re carbon rs after de	13. FATHER'S NAME Charles Spincer Hale RAN available
ng physer remay	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs. Jane Funkhouser, 7604 Blussele Dr. T.P.M.
at the death the attendi Then pleasi event within	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c);] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH
rquires the signed by t permit. d in any e	Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause last. (b) PCUTE (AIC) AC DECIMITING ATTERNITION OF THE COURT OF THE CO
physicia as been al trans	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: The ending ficate hat the bur ar rem	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF
PHYSICI all ar ath this certii r use as remation,	County) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at work at work at work at work at work at work at work.
ENDING re haspin R: Affer ached fa ourial, a	21. I certify that I attended the deceased from
od by #	ACTUAL SIGNATURE 1 M.D. 2-513 Back Delga 121 5 25 6
RAL DI should strar p	PHYSICIAN'S R.D. BAKER M.D. BELLEHL, F.D.
O HOS moy be o FUNE page 3 the reg	220. BLR AL, CREMATION, 22b DATE THEREOF 22c MAME OF CEMENTAL OR CREMATORY 22d. LOCATION (City, town, or county) (State) BULLINGE MAY 29, 1964 Location Fork Climitury Bullinger MX.
VS A15 (4) 15M 9/58	23 FUNERA DIRECTOR'S SIGNATURE ADDRESS ADDRESS



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MAKIL	WALL DINIE DELAKIWELL OF HE	MP II
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
r 0 / 9	CERTIFICATE OF DEATH	05957

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1. PLACE	OF DEATH				stitution: Residence before edmission]
	NCE GFORGES	MARYLAND	MARYLAND	PRINCE GEO	RGES
b. CITY	OR TOWN (if outside corporete l'mits, le RURAL and give neerast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outs'de corporate limits, write F	RURAL and give neerest town)
	P SPRINGS	15 DAYS	OXON HILL		100
d. NAA	AE OF HOSPITAL OR INSTITUTION (If not	in hospital, giva straet address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
USA	F HOSPITAL, ANDREWS .	AFB MD	4800 KIRBY	HILL ROAD	YES NO
3. NAME DECE	OF First	Middle	Last	4. DATE Month	T Day Year
(Туре о		MARIE	FINK	реатн MAY	31 19 61
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years III	
FEMA	LE CAU wid	DOWED TO DIVORCED	SEPT 16, 1899	61 yrs. /	Months Days Hours Min.
	AL OCCUPATION (Give kind of work 1 most of working life, even if retired)	IDB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	EWIFE		PENNSYLV	ANIA	USA
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN NA	AME	
CHAR	LES HENRY FINK		GERTRUDE M	ARIE MILLER	
15. WAS	DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
Yes, no.	r unkown) (If yes give wer or detes of service)	176-05-0838 DOR	OTHY F MILLER	.4800 KIRBY H	ILL RD WASH 22 DC
18. C	AUSE OF DEATH Enter only one cause			, ,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IN	FARCTION, MYOCARD	IUM. ACUTE. F	ATAL	ONSET AND DEATH
	INIMEDIATE CAOSE (8)				
Cand	LUX DUE TO	ASARCA; HEPATIC;	RENAL DISEASE		1 MONTH
	rise to immediate ceusa	ROARON; HEIRITO;	TEMAL PIORMOL	,	
	faling the undarlying DUE TO	A DEMEC			UNKNOWN
Ce n 20	ART II. OTHER SIGNIFICANT CONDITIONS	ABETES	OT DELATED TO THE TERMINA	N DISEASE CONDITION GIVE	
[]	AKI II. OTHER SIGNIFICANT CONDITION.	CONTRIBUTING TO DEATH BUT NO	I KLEATED TO THE LEWIST	te diatrate contention on the	PERFORMED?
5		ALCOHOL MONEY WITH O COUNTY	of the state of th	Al. Death of the (9)	YES A NO
OR CO	ACCIDENT WAS UNDERLYING [] 206 DITRIBUTING [] CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Euset seifts of talata in La	RIOTTEN (OF IEM IL.)	
₹ 20c.	TIME OF INJURY Month, Day, Yeer		CE OF INJURY (Home, farm,	2Df. (City or town)	(County) (State)
7) 20c.	Hour a.m.	While Not While tack	ory, street, office bldg., atc.]	í I	
	certify that (I) (this hospital)	attended the deceased from	6 MAY 10	61 to 31 MAY	, 19.61 (l) (www) last
	the deceased alive on 31 MAY	19 61 and that	death occured 3:10	A, from the causes a	nd on the date stated above
1 1	SIGNATURE		T		22b. DATE
116	hance B. 1	nahon M	D. PHYS. A	ED. STAFF	31 MAY 1961 SIGNED
22c.)	PHYSIC AN'S		22d. ADDRESS		-
CH	TRIES"B MAHON, CAPT, L	JSAF,MC	USAF HOSPITA	AL, ANDREWS AF	B, MARYLAND
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown or county) (State)					n or county) (State)
KEMIO	AL (Specify) 6/2/4	1 Kest Have	ie_	Hanan G	la fork C.
24 FUNER	AL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'I	104	STRARIE SHEHATURE
17	rederck Bus	her Ganas !	Na DATAJUN	5 '61	

15M 9/60



ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Rasidence before edmission) a. COUNTY c : George a. STATE COUNTY by the f and 2 s death. Prince George MARYLAND b. CITY OR TOWN (if outside corporele I mits. c. CITY OR TOWN (If putside corporate I m ts. write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Chelegus Land give nearest town) rs Pages 1 a Hyattsville ed. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) & STREET ADDRESS Prince George General Hospital 1304 Emerson St. 3. NAME OF 4. DATE Middle Month DECEASED pap OF comple May (Type or print) Foreman DEATH Anna within 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years 16 UNDER 1 YEAR IF UNDER 24 HRS. last birthday, White Female physician 10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR NOUSTRY BIRTHPLACE (County & Stat or foreign country done during most of working life, even if retirad) Government Pennsylvania Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending (Then please 2 Eliza Fleming Samuel Steinour and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | [[fyes give werer detes of service] Charles H Foreman Sr Hyattsville, Md. is. CAUSE OF DEATH [Enter on y one cause per ine for (e), (b), end (c).) signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate causa DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT certificate 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the After 20c. TIME OF INJURY 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, ferm, 20f, (City or lown) Month, Day, Year fectory, street, office bldg., atc.) Not While While Hour a.m. at work at work 4 may be retaine DIRECTOR: / 3 should be det May 21, 1961, and that death occured at 10PM, from the causes and on the date stated above. saw the deceased elive on..... 220. SIGNATURE ATTENDING PHYS X DIRECTOR PHYS. M.D FUNERAL ADDRESS 5510 Madison St., Riverdale, Md. 22c. PHYSICIAN'S Roth. NAME (Type) director, 1 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 236. BURIAL, CREMATION, | 236. DATE THEREOF Cedar Hill Cemetery Suitland, Md. 196 24 FUNERAL DIRECTOR'S SIGNATURE 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Hyattsville Md.

F. Gasch's Sons

ARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 9/60

arthur & House

DATE MAY 2 6 '61

(County)

May

21,

e. IS RESIDENCE

19

INTERVAL BETWEEN

ONSET AND DEATH

1961 IGNED

12. CITIZEN OF WHAT COUNTRY?

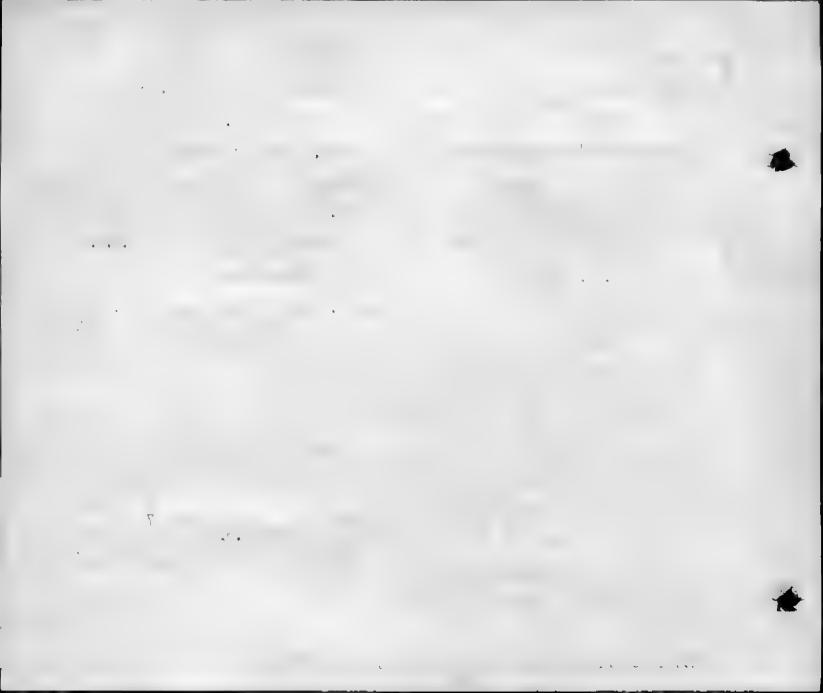
ON A FARM? YES NO X eight.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) director. Page or your files. a. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 10 c. CITY OR TOWN (If outs de corporata limits, write RURAL end give neerest town) write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if grat in hospital, give street address) d. STREET ADDRESS 1515 Paterson Park DECEASED (Type or print) Foster 19. AGE (In Yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday] | Months | Days DIVORCED | 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Track Co 13. FATHER S NAME James James Fostey Was deceased ever in U.S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) (If yes giva wer or detes of sarvica) 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]
PART I. DEATH WAS CAUSED RV stock, S.C. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO DUE TO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART PERFORMED? NO [208. EXTERNAL CAUSE WAS PRIMARY LIKE CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) fectory, street, office bldg., etc.) While Not While Muirkirk 21. I certify that I fook charge of the remains described above, held an Autopsy ... inspection : Inquiry Ty and in my opinion Accident X. Suicide . Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER James NAME (Typa) Address (Street, city, town, or county). 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stelle) ioBaptist Cometery Woodward ... 0 6 VS. A15ME arthur S. Thousa



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral[†] 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY a. STATE **b.** COUNTY by the sand 2 s Prince George Maryland St. Mary college of CITY OR TOWN (If outs de corporate limits, welle RURAL and giv nearest town) b. C.TY OR TOWN (if outs de corporate imits, Fig. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly 5 4 days d. STREET ADDRESS . Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RES DENCE ON A FARM? YES NO T Prince George's General Hospital 3. NAME OF DECEASED (Type or print) DEATH Freeman 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers) IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Female WIDOWED TH Feb. 6.1881 phote physician 1Da USUAL OCCUPATION (Giva kind of work 1 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State or foreign country) 1 12, CT.ZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Penna. House wife Home 13. FATHER'S NAME 14. MOTHER 5 MA DEN NAME attending and D. J. McAdam Kate Wishart Ġ, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO (Yes, no, or unkown) (If yes give was or dates of service John D.Freeman 6202 Shadyside Rd. Capitol Hgt. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate causa DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18) After this 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, offica bldg., atc.) While Not While t may be retained.
DIRECTOR: A
3 should be deta at work at work 19 61., and that death occurred a 10 mpfron the causes and on the date stated above. saw the deceased alive on May 22e. SIGNATURE ATTENDING S GNED STAFF PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 6300 RIVERDALE RD. 23e, SURIAL, CREMATION, CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (Steta REMOVAL (Spacify) 0 ÷ & 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4)

15M 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limit c CITY OR TOWN (if outsign corporate limits, write RURAL and give ner . IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED (Type or part) DEATH within carbon 5. SEX 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months and DIVORCED [10s. USUAL OCCUPATION (Give kind of work гетоув 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO. (Yes, no, of unknown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH (finter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH One week IMMEDIATE CAUSE (0) **DUE TO** gava rise to immediate causa DUE TO (e), steting the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY 200. ACCIDENT WAS JOER YING 1 206 DESCRIBE HOW IN, URY OCCURED. (Efficience of in ury in Port I of Item 18.)

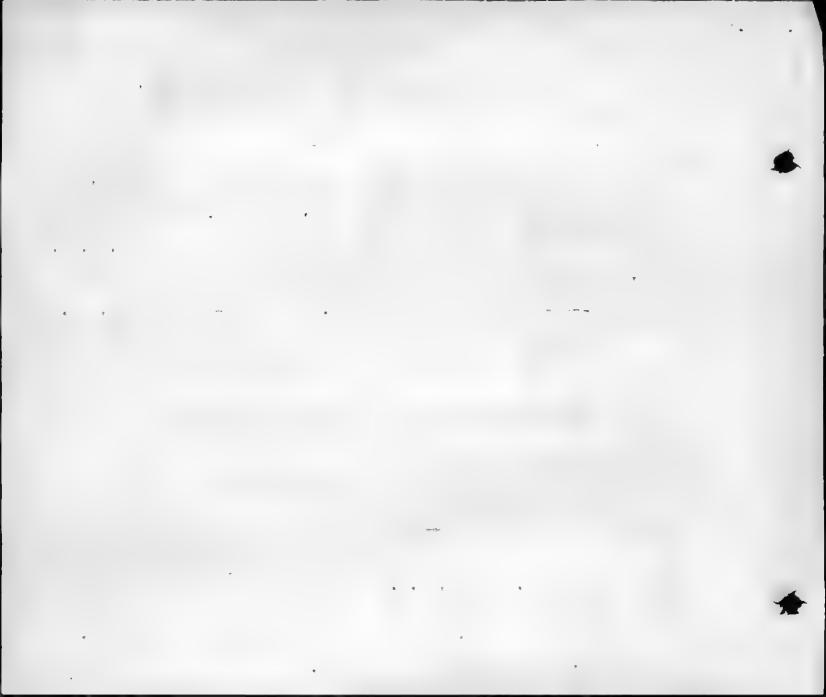
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) Not While fectory, straet, office bldg . etc.) Wh le Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from February 10 ..., 1960, to 5-22, 196/, that (I) (we) last 19 6/, and that death occured at 354M, from the causes and on the date stated above. saw the deceased alive on ///dy ATTENDING 22b. DATE 22a, SIGMATURE DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF Burial (Specify) 5/26/61 Terra Alta Cemetery 5 L Terra Alta, West Virginia 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Francis Gasch's Sons Hyattsville, Md. DAMAY 2.5 '61 Cirthur & Strang

SIGNED



ofter death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5954 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence a. COUNTY Prince ?George's b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. wile RURAL end give nasrest town) D-0.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (il noi in hospital, give street eddress) d. STREET ADDRESS 6 Prince George's General Hospital 6300 Jocelyn 4. DATE DECEASED Monica. May Grace (Type or print) DEATH Ann 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | may 2 wit Page 5 may is 1 and 2 wife in 72 hours last birthday) Months | Days Female Whi ta WIDOWED [DIVORCED January 6,1959 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) done during most of working life, even if retired) Maryland None None pages 1 PM3. | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Helen Patterson Raymond James Grace E E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INPORMANT 3735 Camden Street S. E. with for (Yes, no, or unkown) | [If yes give wer or detes of service) Paul R. Brace No None Washington D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Office DUE TO Fractured base of the skull Conditions, if env. which gave rise to Immediate cause DUE TO (a), staling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION pinous 20s. EXTERNAL CAUSE WAS PRIMARY or COMTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enjer nature of injury in Part I or Part II of item III.) Pedestrian struck by an automobile writing the Chief A Page 3 s ute the cerminal strains of the chief of the Chief of the CIOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED: 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) :3.5 HOUDERCK While fectory, street, office bldg., atc.) Not While. 10/61 et work at work Cheverly Street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🛣. Inquiry X Natural causes Accident T Suicide . Undetermined manner death resulted from: Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE EXAMINER'S May 10, 1961 NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. 22d. LOCATION (City, Igwn, or country 40 9 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME MAY 1 2 '61 Cirthur S. Krous 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO.

> > (Stella)

Μđ

and in my opinion

DATE SIGNED

7(Stote)

U. S. A.

(County)

ON A FARM?

13 mine 1:20, 10 11 11 X William X - 7 2 Control 1722 7 July

Wilm. E.P.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 5955 funeral should 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) I. PLACE OF DEATH . COUNTY b. COUNTY a. STATE George by the fand 2 s death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) MARYLEND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Hillcrest Hgts. filled in Pages 1 Hillcrest Hgts. Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24th P1. 5804 - 24th Pl. NAME OF M.ddle Month DECEASED DENNIS Gray DEATH May 31st. 1961. (Type or print) AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Male WIDOWED Oct. DIVORCED [pllysician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratirad) D.C Fire Dept. Retired D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death affemding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SOEPHINE E Brown Then (Yes, no, or unkown) | (Ifyes givawer or detes of service) Mrs Dorothy Williams -same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] mplete heart block PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteria sele rotie heart dis care DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, streat, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from Dec. 19 (0) to 1/ kg 1960, and that death occurred at D.P.M. from the lauses and on the date stated above saw the deceased alive on. 22a. SIGNATURE ATTENDING. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Frank J NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or 23a, BURIAL, CREMATION, 23b. DATE THEREOF FRACIA Secital Cedar Hill 등등 Suitland Ma 0 256, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Lee Funeral Home DATE JUN 2 aring & Kins washington, 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

Yeer

12. CITIZEN OF WHAT COUNTRY?

U.S.

as above

ONSET AND DEATH

PERFORMED? NO F

[Stete]

(County)

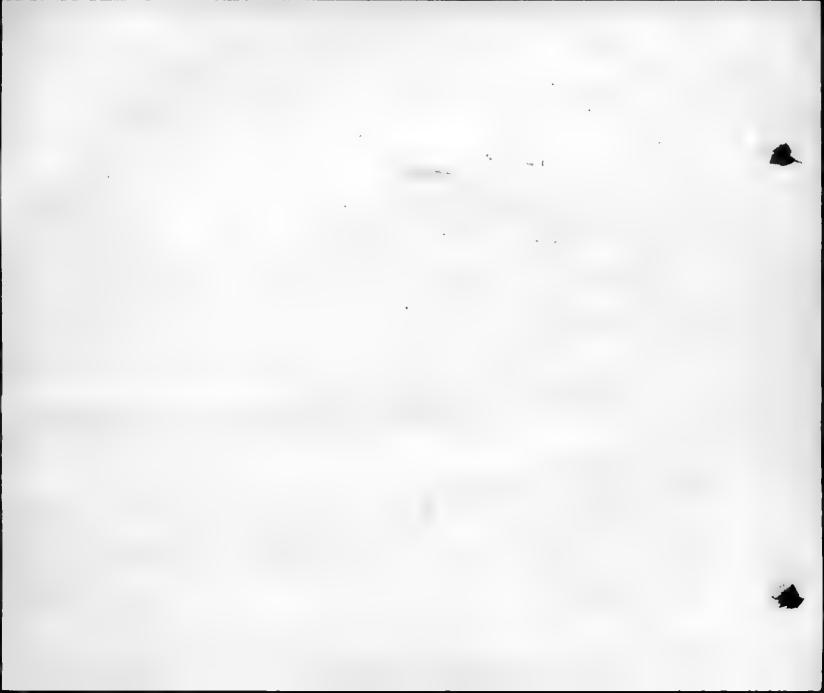


ADDRESS

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE



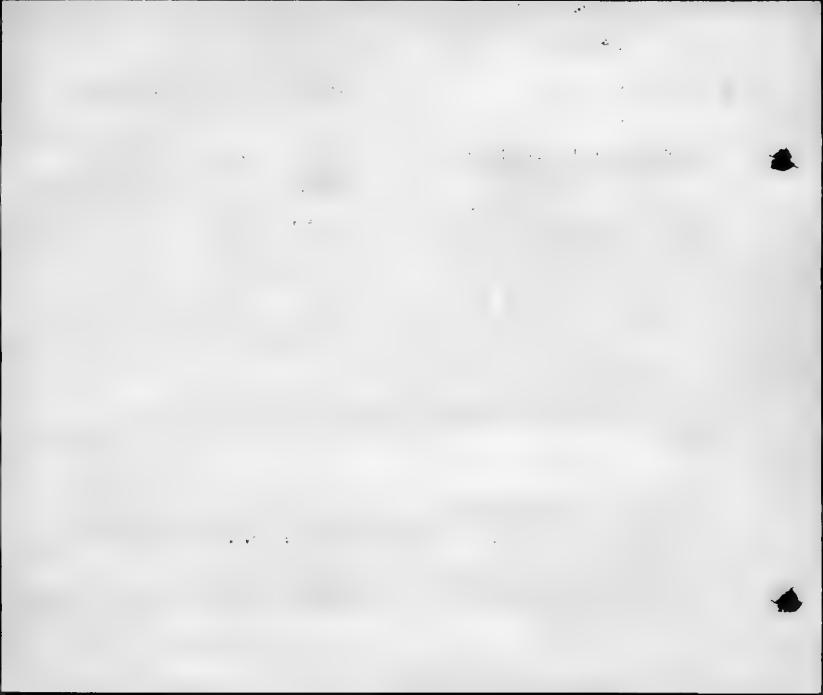
funeral should # Z and Š ₽ == Pages Filled eded within physician and co aftending DIRECTOR director file

VR A15 (4)

15M 9/60

11

MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY e. STATE b. COUNTY Prince George b. CITY OR TOWN (I outside corporate limits, MARYLAND Mary land City Ok 10WN (If outside corporete limits, write kukak and give newest town) C LENGTH OF STAY IN 16 write RURAL and give neerest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d STREET ABBRES H111 a. IS RESIDENCE ON A FARM? YES NO R Prince George's General Hospital DECEASED GROVE (Type or print) DEATH AGE (In years FUNDER TEAR IF UNDER THE HES. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) Months WIDOWED A 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? dong during most of working life, even if relired onkac 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? Address (Yes, Ao, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one co INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** geve risa to immediate cause DUE TO (a), steting the underly no PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING | , 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) fectory, street, office bldg., etc. While __Not While Hour a.m. at work at work SIGNED ATTENDING. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAN, CREMATION, 236. 23d CROCATION ICIN. EMOVAL (Specify) 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Ciriling & Kroug



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HFALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) ral director. Page d for your files. Board of Health, e. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. L. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Landover d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 6904 Old Landover Road NAME OF DECEASED to the OF the (Type or print) Kenton Harris DEATH Lee With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with last birthday) Months Male White WIDOWED IT DIVORCED July Page 5 s 1 and n n 72 jec 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Student School Missouri pages I within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Franklin Harris Virginia Grace Trotter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (if yes pive war or dates of service Virginia Grace Harris, same as No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Office DUE TO burial Gun shot wound of the head Conditions, if env. which geve rise to immediate cause **DUE TO** (a), stating the underlying should be used rial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION Medical Ex 20s. EXTERNAL CAUSE WAS 20b., DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY THE CONTRIBUTING CAUSE OF DEATH. writing to Chief A Shot self in the head 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm,] 20f. (City or lawn) (County) factory, street, office bfdg., etc.) Not While at work at work Tandover OR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -0 Inquiry forwarded t death resulted from: Natural causes Accident Suicide X Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL execute SIGNATURE DEPUTY MEDICAL EXAMINER James I. Boye NAME (Type) Address (Streat, city, town, or county) 22a. BURJAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CHIMATORY 22d. LOCATION (City, town, or country REMOVAL (Specify) 240 9 em. our. REC'D BY REGISTRAR I VS. AISME 5M 9/60

AND ITATE DIPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO.

1967

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO [4]

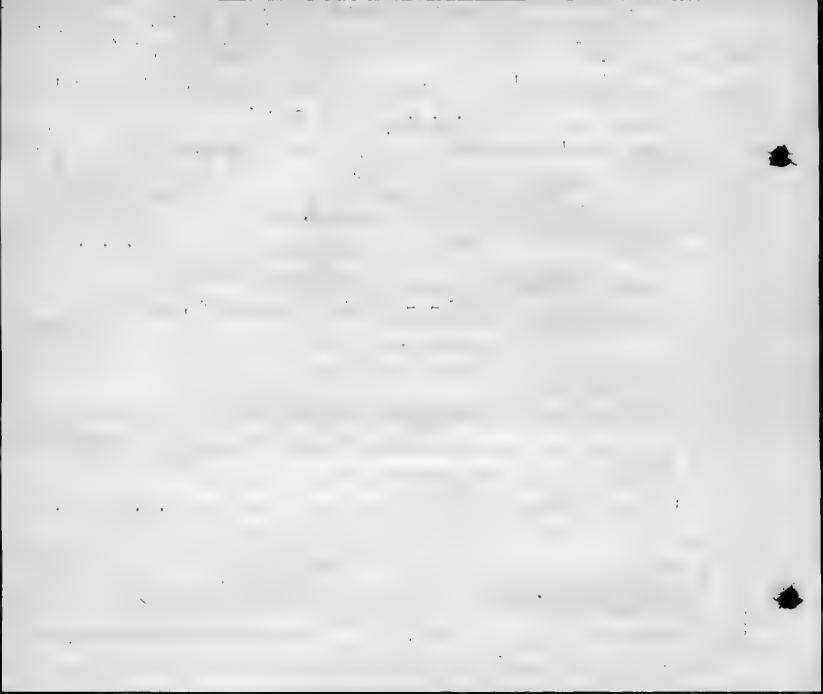
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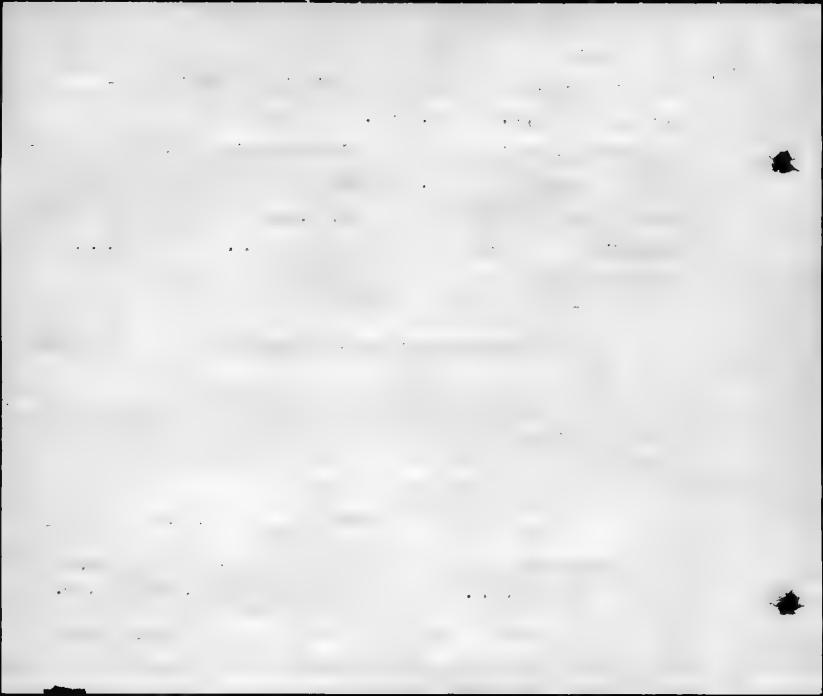
and in my opinion

DATE SIGNED

(State)

Days





PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence veloce attmission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY and 2 death, MARYLAND D. C. Prince Georges b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) davs Washington Glenn Dale (rural) filled in Pages . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Glenn Dale Hospital 810 6th St., N. W. YES NO K 3. NAME OF M.ddla 4. DATE Month Lasi DECEASED OF comple (Typa or print) DEATH Yoke Sang Hor 16. COLOR OR RACE . AGE (In years 'IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday] and Months Days Male Chinese WIDOWED 30 DIVORCED physician 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, B RTHPLACE (Carrt, & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) China Cook Unknown China 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pl Ting Yu Hor Eng Shee Hor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unkown) | (If yas giva war or dates of service) Unknown Decedent Unknown 18. CAUSE OF DEATH [Enter on y one cause par ne for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, minutes Massive pulmonary hemorrhage IMMEDIATE CAUSE (a) Far advanced pulmonary tuberculosis Conditions, if any, which gave risa to immadiate cause **DUE TO** (a), staling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY Diabetes mellitus; para-aminosalicylic acid hypersensitivity PERFORMED? 5 9 Characopic exam. found bronchogenic carcinoma, undifferentiated ty

20s. ACG.DENT WAS UNDERLYING 1 20s. DESCR BE HOW INJURY OCCURED. Enternature of injury in Part I or Part II of Item 18.)

OR CONTRIBUTING 1 CAUSE OF DEATH

OR CONTRIBUTING 1 CAUSE OF DEATH

OF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED , ZOo. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) Month, Day, Yeer factory, street, office bldg., etc.) Not While While House a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from 5/2/ 5/29/....., 1961, that (I) (we) last saw the deceased alive on..... 22b, DATE 22e. S GNATURE ATTENDING SIGNED DC DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS Glenn Dale Hospital NAME (Typa) Moe Weiss. M. Glenn Dale, Md. 23a. GUR AL CREMATION, 23b. DATE THEREOF 23% NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) \$ 0 £ 8 Washing 250. REC'D BY REGISTRAR ASS. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) JUN 5 15M 9/60 DATE

Iltem 18 Film 297 10-3MARYEAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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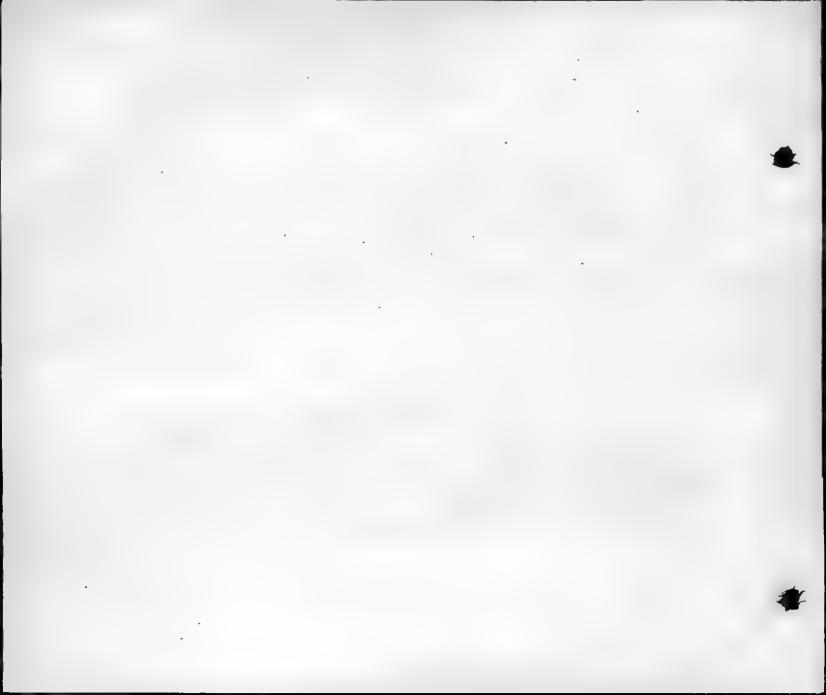
	530 E CERTIFIC	AIE OF DEATH	10000
1)	1. PLACE OF DEATH o. COUNTY Prince George's MARYLAN	2. USUAL RESIDENCE (Where deceased lived if institution Record in the county of the co	e George's
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier. Md. L year	c. CITY OR TOWN (If outside corporate limits, write RURAL Mt Rainier Md.	and give nearest lown)
V	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 3204 Otis Street	d. STREET ADDRESS 3204 Otis Street	e. IS RESIDENCE ON A FARM? YES NO
\wedge	3. NAME OF First Middle DECEASED (Type or print) Mary Lillian	Hughes 4. DATE Month OF DEATH May	Day Year 6 19196
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [female white widowed 4 DIVORCED [A	UNDER 1 YEAR IF UNDER 24 HRS
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR IN Housewife own Home	NDUSTRY 11 BIRTHPIACE (Stote or foreign country) North Carolina	2.CITIZEN OF WHAT COUNTRY USA
)	13. FATHER'S NAME William T Cardle	14. MOTHER'S MAIDEN NAME Mary Snuggs	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no or unknown) [If yes, give wor or dates of service) 242012655	7. INFORMANT Address Jackson Mt. Rainier	, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	2 Homonotage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) Conditions, if ony, which) Conditions, if ony, which	certeriosclereses	10415
	gave rise to immediate cause (o), stating the <u>under-lying</u> cause lost.	•	/
	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	N PART (a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED (Enter nature of injury in Port I or Port II of item 18)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a m. p. m. 19 While Not while of work of work	s. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	(County) (State
	2) I certify that (I) (thus haspital) attended the deceased from saw the deceased alive an OMCC 196, and the	at death accurred at 1949, to 6 May,	19_6, that (I) (we) las
	220 SIGNATURE LECES Gellect	M.D. PHYS. STAFF PHYS.	5/226 DATE SIGNED
	22c PHYSICIAN'S JULES GIBETT.	MD 3200CHILLUM Rd.	Mt. Rainer
7	23g BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER ransportation 5/8/61 Charlotte	RY OR CREMATORY 23d LOCATION (City, town, or co	
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F Gasch's Sons Hvattsville Ma	WAY 4 F and	R'S SIGNATURE
	F Gasch's Sons Hyattsville, Md	DATMAY 15'61 Culling	S. Frank

VR A1E [4] 1SM 9/59



MARYLAND	STATE DE	PARTMENT	OF HEALTH
DIVISION OF STATISTICAL		RECORDS — B	· ·

		5962	VISION OF	CERTIFICA	TE OF DEATH	MORE 1, MARY	LAND .i.i	506.	
	1. P	LACE OF DEATH SLAVE GLAVE	Ci_	MARYLAND	2. USUAL RESIDENCE (Who		If institut on Residence.	. Khanasa	
,	Ь	CITY OR TOWN (If outside corporate RURAL grid give nearest Jown)	limits, write	c LENGTH OF STAY IN 16	58 CITY OR TOWN (HO)	utside corporate lin	sits, write RURAL and g	ive nearest town)	
	(OR INSTITUTION ACCEPTANTS	51 12	address)	d. STREET ADDRESS	Beechwoo	ed Road	e. IS RESIDENCE ON A FARM? YES NO	
	1	NAME OF DECEASED Type or print) CARL	First	W. Middle	HNDOKFF	4 DATE OF DEATH	May/	Doy Yeor 3 196/	
	5. §	Thale White	CE 7 MARR		May 22, 190	9. AG	(In years IF UNDER byrthday) Months	1 YEAR IF UNDER 24 HRS Days Hours Min	
	Æ	USUAL OCCUPATION (Give kind of watering most of warking life, even if re	ork done 10b (red)	RIND OF BUSINESS OR INDU	its Sen antoni	io, Ziya	12.CITI	il. S. C.	
		Karl Huhodu	4	0	14 MOTHER'S MAIDEN N	Micello	2-1		
		WAS DECEASED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17. IP 541/0-8567 Mil	V. Gladys R. A	wkodory.	- (Datke a	1/2)	
		18 CAUSE OF DEATH [Enter only or		e for (a). (b), and (c).)	0 1	2 /6		INTERVAL BETWEEN	
		Conditions, if ony, which	(b)	Curcino	und of H	0		/Ouro,	
	CATION	PART II OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	D TION GIVEN IN PAR	YES NO	
	L CERTIFI	20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH	CRISE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Part II of a	tem 18)		
	MEDICAL	20c TIME OF INJURY Month, Day, Haur o. m. p. m.	Year 20d, It While at warl	Not while fa	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	, 20f (City or tow	rn) (C	County) (State)	
		21. I certify that (I) (this hospital) attended the deceased fram Warf 1. 19 for, to 1924 3 , 1961, that (I) (we) lost saw the deceased alive on Warf 3 19 VI, and that death occurred of 1978, from the causes and on the date stated above							
		220 SIGNATURE COLORS	enl	4	M.D ATTENDING ME	D. STA	FF	226. DATE SIGNED	
		22c. PHYSICIAN'S NAME (Type) CONALS	S.F.	EISCHER	905 SHER	DAN	Sh. 1/48	TISUILLENO	
	23a	BURIAL CREMATION, 236 DATE THE REMOVAL (Specify) May 6	,1961	George Washes	R CREMATORY CONCLUY	17 Lice &	Loiges County)	Ty, Mel.	
	24	FUNERAL DIRECTOR'S SIGNATURE	an 11.1.	ADDIVESS 1/2	1 100	BY REGISTRAR	256 CREGISTRAR'S SK	4	
		Leonar Mouns	254-6	avall 14 M	DAMAY DAMAY	8 '61	Cathur S. A.	paliA	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05953

	d. COUNTY.	George 's		MARY	LAND	2. USUAL RESID	land	ere deceased l	ived. If instituti b. COUNTY		ce before adr	
儿	seat Pleas	f outside corporate limits, v		Months	IN 1P			,	te limits, write R	URAL ond g	give nearest to	own)
-						d. STREET A	Leasa	nt. Ma	ryland.	3		RESIDENCE
	NOITUTITZINI 8G.	AL (If not in hospital, give llins Ave.,		ress				ns Ave	, S.E.		40	A FARM?
- 1	. NAME OF	First		Middle		Last		4. DATE	Mor	nth	Day	Yeor
	(Type or print)	JAMES		W.	HU	RTT SR		OF DEATH	May		31st	19 61
	S. SEX		MARRIED	NEVER MARRI	ED 🔲 8	DATE OF BIRTH	1	9	AGE (In years lost birthdoy)		TYEAR IF U	
	Male	White w	IDOWED [DIVORCE	D 🗆 🗜	eb. 14-	1889		7 2 yrs.	Manths	Doys Hou	rs Min.
1	IOa. USUAL OCCUPATIO	ON (Give kind of work dan	e 10b. KIN	ID OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State o	or foreign coul	ntry)	12. CITI	ZEN OF WHA	T COUNTRY?
1	Retired	king life, even if retired]	Far	mer		Vi	rgini:	0.			USA	
ı	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
1	Maurice	Hurtt				Mary L	enham					
ŀ		R IN U. S. ARMED FORCES		CIAL SECURITY NO	. 17. INF	ORMANT			Add	ress		
	(Yes, na, or unknown)	(If yes, give war or dates of service	" 226.	-07-1813	Jan	es W. H	urtt,	Jr. S	ame as	# 2.		
		ATH [Enter only one cause	per line f	or (o), (b), and (c)	1 6	2 +	1.	6	4	a a		BETWEEN ND DEATH
1	t and the	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CALCUMONIS & Trostal & Cytensus										
	177X	177X DUE TO										
-1		Conditions, if any, which (b) (b)										
	couse (a), stating	couse (a), stating the under- DUE TO										
	Z Providence last.	(c) HER SIGNIFICANT CONDIT	IONS CON	ITRIBUTING TO DE	ATH BUT N	OT BELATED TO	THE TERM	MAI OICEACE	CONDITION OF	/ENLIN, DADI	- 1 (a) 10 W	S A ITOPSY
	PART II. OTI	TER SIGNIFICANT CONDIT	ION3 COM	AIK-BUSING TO DE	KIN BUIL	NO! KEUNIED IO	TITE LEKWO	MAL DISEASE	JOHUITION OF	LESA HA L'AN	PEI	FORMED?
	20a ACCIDENT W	AS LINDERLYING TO TOO	h DESCRI	BE HOW INJURY O	CCLIPPED	(Enter nature of	Familiary in F	Port Los Port I	Lof item 18.1		IES	
	OR CONTRIBUTING	MEDICAL EXAMINER	D. DESCRI	oc non majori o	CCORRED	(Ellier Horore o	i injory or i	01110110111				
		Y Month, Day, Year		IRY OCCURRED		CE OF INJURY (I			r fown)	(0	County)	(Stote)
	Hour om.	19	While at wark [Not while	1001	Λ	blug., etc.	'				
	22 I certify the	nt (1) (this haspital), a	ttended	the deceased	fram	Jun 1	. 19	6/ 10/1	Mail 3.	19/0	/ that fi) (we) last
	saw the decea	7/1/2	0.00	4196/ and		1/		1.7	1 /	/	,	
	220 SIGNATURE	11-17	1 4		1,101			,				22b. DATE
	4.1	1. 1 Kulus	all	lees	M	LD, PHYS.		D. RECTOR	STAFF PHYS	may	3/57	SIGNED
	22c PHYS (IAN'S NAME (Type)					22d. ADDRE					7	
	MANUE (1) pe)	JOSEPH H.	THIE	BADEUA		Tr	3112-	Ala.	ve., S.	E. Wa	shinjt	on , DC
-	230. BURIAL, CREMAT C		2	3c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOCATIO	DN (City, towπ,	or county)	(:	itote)
	Burial Specify	June 3rd	61	Fort Line	coln	Cemetery	7	Blade	nsburg,	Mary	land.	
	24, JUNERAL DIRECTOR	'S SIGNATURE	1661_	ADDRESS		d 10	25o. REC'I	BY REGISTRA		ISTRAR S SIG		
1	Simons	-Bros.	Wash.	Bood Ho	pe Rd		DATE JU	IN 5 '6	1 (Nun 8	Hirus	

the attending physician and completely filed the by the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with moy b assolved by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOS

2rs ofter death. Poge 4



DIVISION OF STATISTICAL RESEARCH AND RECO CERTIFIC PLACE OF DEATH vithin 24 hours ef a. COUNTY CITY OR TOWN (if outside corporate lymis, write RURAL and give nearest town) by the land 2 search, death, MARYL c. LENGTH OF STAY filled in by I Pages 1 and 60 d An 3 The Ut IL V NAME OF HOSPITAL OR INSTITUT ON LIT not in hospital, give street address Pages papers. Pag in 72 hours Middle DECEASED comple (Type or print) within carbon 6. COLOR OR RACE 7. MARRED X NEVER MARRIED physician and WIDOWED [event 10e. USUAL OCCUPATION (Give kind of work гещоче 10b. KIND OF BUSINESS OR done during most of working life, even if retired) Housewife At Home 13. FATHER'S NAME please aftending Jack Gardner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Then (Yes, no, or unkown) | (If yes give wer or dates of service) hospital or attending First certificate has been signed by the certificate has been signed by the use as the burial-transit permit. The property of the contraction o None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY O detached for dealt. Tage 4 may be retained by the TO FUNERAL DIRECTOM: After this director, page 3 should be detached for MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 1 20d. INJURY OCCURRED I While Not While Hour e.m. et work et work 21. I certify that (i) (this hospital) attended the deceased saw the deceased alive on filts. 228. SIGNATURE director, page to be filed with the 296. PHYSICIAN S NAME (Type) 23a. BURIAL, XIEMATKIN. 236. DATE THEREOF 23c. NAME OF CEA RECEDENCE Fort Linco

Burial May 26,

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

dmbers Co. 7801 Cleveland Ave. Riverdal & DATE MAY 25 '61

-	STREET, BALTIMORE 1,	MARYLAND
ATE OF DEATH	•	65954
2. USUAL RESIDENC	E (Where deceased lived, If institut	
a. STATE	D. C b. COUNTY	
IN 16 c. CITY OR TOWN (IF	Foulside corporete imits, write RURA	Land give neerest town)
(N. A.S. A.	IN TONI	474
d. STREET ADDRESS		a. IS RESIDENCE
	K. T. ALC. No	
Lest	4. DATE Month OF	Day Year
tussey .	DEATH MAN	
8. DATE OF BIRTH	4 (yrs. Mont	DER 1 YEAR IF UNDER 24 HRS. This Days Hours Min. CITIZEN OF WHAT COUNTRY?
	Pennsylvania	U.S.A.
Cora Kirc		
	200	O Rhodes Island
Mr. Myrl T. Hus	sey, Ave., N.E., W	HALEK IVE DELIVERIA
to Concessed L	- , 14020	ONSET AND DEATH
علم پهاي خواطانيك	, , , , , , , , , , , , , , , , , , , ,	7 -
Austra of Co	between	1 woest
- Cara	morr an	2 42
BUT NOT RELATED TO THE TERM N	HAL DISEASE CONDITION GIVEN IN	PERFORMED?
manager of the state of the sta	Death Death of the 20 h	YES NO I
CCURED. (Enter nature of injury in F	'err I or Perf ol Item 18.)	
Oe. PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.		(County) (State)
from 144 11	1961, to MAY 3	19.6.1, that (I) (we) last
	M, from the causes and	
		22b. DATE
M.D. ATTENDING NO D	AED. STAFF	SIGNED
1	- 1 - 1	14 Di
1026	4	
ETERY OR CREMATORY	23d, LOCATION (City, town or	county) (State)
In Cemetery	Bladensburg, 1	laryland.
, 25a, REC	D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE

arthur S. Kraus



STREET, BALTIMORE 1, MARYLAND 5965 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where decessed I ved. If institutions Residence before admission e. COUNTY b. COUNTY 하는 수 보 b. CITY OR TOWN (if outside corpore) I m Is, MARVIAND and c. CITY OR TOWN (If outside corporete limits, write RJRAL and give wrue RURAL and give nearest lown) e. IS RESIDENCE ON A FARM? YES NO TO NAME OF pape DECEASED OF (Type or print) DEATH AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) | Months WIDOWED [DIVORCED 10e. USUAL OCCUPATION (G ve kind of work County & State, or fore gn country) | 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) S Housewife own Home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Samuel Ingram Cindy Collins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or deles afservice) Gordon Ingram Beltsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary Embolism Congestive H eart failure DUE TO geve rise to immediate cause DUE TO (e), steting the underlying Arteriascloritic Heart Disease ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING 70b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, ; 20f. (City or town) fectory, street, office bldg., etc.) Not While Hour e.m. et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 10 f..., and that death occurred a 2.DM, from the causes and on the date stated above. saw_the deceased alive on. 22. SIGNATURE ATTENDING DIRECTOR PHY5. 22d. ADDRESS (Stete) 0.58 VR A15 (4) Cirthur & House 15M 9/60



BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If postitution: Residence before admission) PLACE OF BEATH Health a. COUNTY director. Page b. COUNTY is necessary, files. A VAATO b. CITY, OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs de corporale limits, write RURAL and give e. LENGTH OF STAY IN 16 near st town Board of H wile RURAL and give naarast town) NAME OF HOSPITAL OR HISTITUTION (if not in hospital, g va street address) a. IS RESIDENCE ON A FARM? may be retained 2 with the State E YES NO NAME OF DATE Month 4. Day DECEASED coald be executed within \$4 hours after d=ih If a "in pencil \$\text{in them 18, Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be refiburial-transit permit. File pages 1 and 2 with the \$\text{moval.} and in any event within 72 hours after de OF (Typa or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 9. 7. MARRIED NEYER MARRIED last birthday) Months Days USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 20 02.0 13. FATHER'S NAM 14. MOTHER'S MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address [Yas, no, or unkown] [If yas giva war or dates of servica] 41-09 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which "pending" gave rise to immediate cause æ Examiner's DUE TO (a), stating the underlying be used as ö cause last. (c) cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,81 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, crema NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of Itam 18.) PRIMARY FT or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm Month, Day, Year 20f. (City or lown) (Slafa) factory, streat, office bldg., etc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above; held an Autopsy Inspection death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXHAUTHER S 6 NAME (Typa) Address (Streat, city, town, or county) please 4 shou O FUN 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Spanity) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 7/59

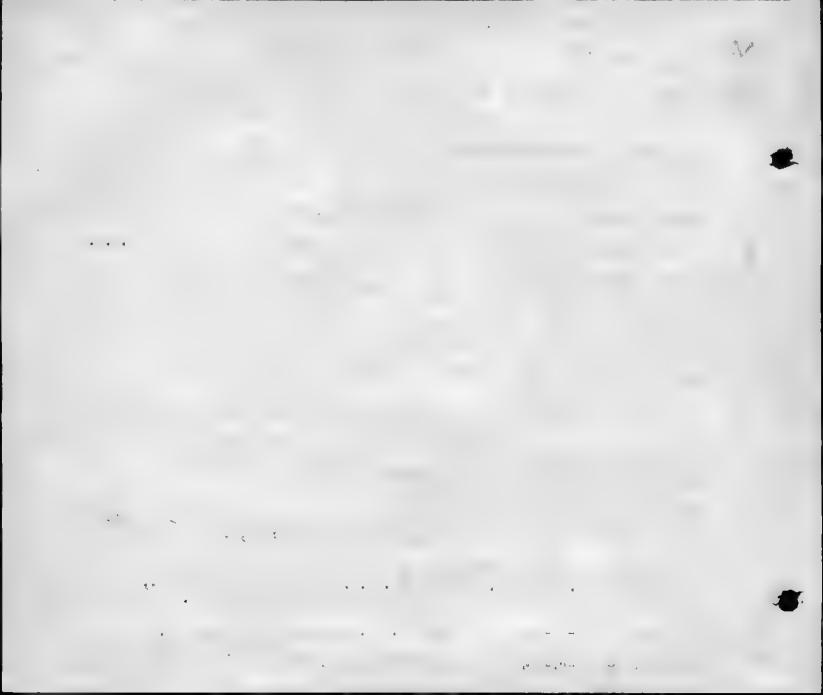
STATE DEPARTMENT OF HEALTH



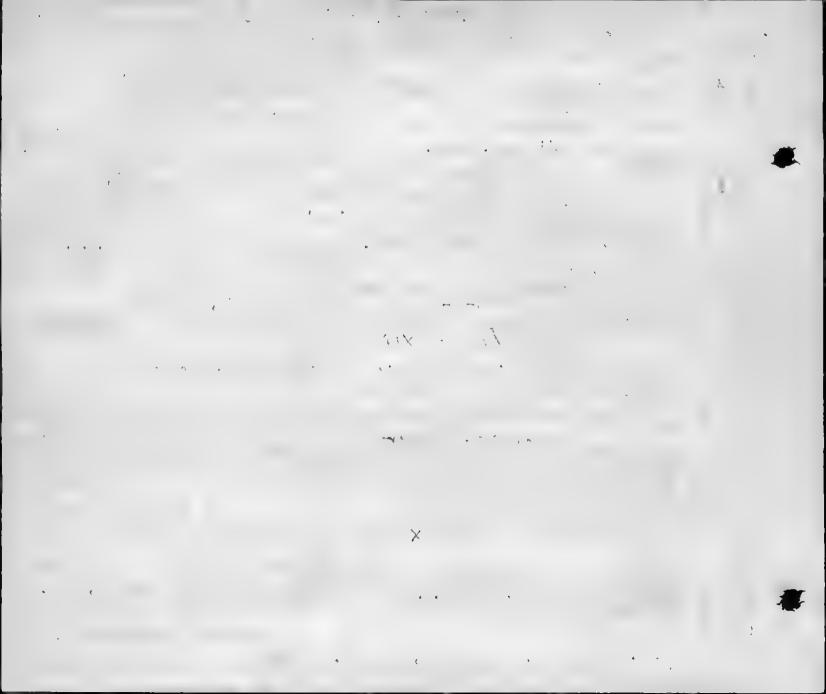
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TO HOW ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after	4	נו	(C)	the
TA	95	RA	ge	#
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9	7	T	Ctol	100
四	eel	4	lire	9
OI	O	IC	O	4
	VR	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending purcian and completely filled in by the funeral	5	(4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3.967		
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if ins	
Prince George MARYLAND	* STATETYLAND	Prince George
b. CITY OR TOWN (if ourside corporate 1 m.ts, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. C.TY OR TOWN (If outside corporete limits, write R	(URAL and give neerest lown)
Cheverly 3 Days	Upper Marlboro	
d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give street address)	d STREET ADDRESS	IS RESIDENCE ON A FARM?
Prince George General Hospital	Route 2 -ox 2109	YES NO
3. NAME OF First Middle DECEASED	Last 4 DATE Month	Day Year
(Type or print) Baby Tina Louise Jackson	реатн Мау	5 19 61
The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JNDER 1 YEAR IF JNDER 24 HRS.
Female Colored WIDOWED DIVORCED	May 3, 1961.	Months Deg Hogrs M55
	Y 11. BIRTHPLACE (County & Stet- or foreign country)	12 CITIZEN OF WHAT COUNTRY?
None	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Milton Barnett	Rose Agnes Jackson	
15. WAS DECEASED EYER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mother Same	***
None	110 error	
18, CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DX.D DUE TO Conditions, if eny, which (b) Carles fasing	(1.ll. 302)	_
DX-5 DUE TO	`	
Conditions, if eny, which (b) attendance		. 786
gava rise to immadiata ceuse {a}, stating the undarlying DUE TO		
couse lost (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDIT ON GLYEN	VIN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH UTF THERE, NOTIFY MEDICAL EXAMINER)	. (Enter natura of injury in Part I or Part II of 'tem 18.)	
ZOC. TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED 20a PLA	CE OF INJURY (Home, ferm, 20f. (City or town) ory, street, office bldg , etc.)	(County) (State)
Hour a.m. p.m. 19 While Not While recr		
21. I certify that (I) (this hospital) attended the deceased from	May 3 19.61 to Hay 5	, 19 64 that (I) (we) last
saw the deceased alive on May 4 19.61, and that	death occured at 9.35514 18m the causes at	nd on the date stated above
22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE S GNED
	D PHYS. DIRECTOR PHYS.	
22c. PHYS.CIAN'S NAME (Type) Dr. Thomas A. Christensen.	M.D. ADDRESSOL Baltimone Ave	• 9
	College Park, Md.	
236, BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town	or county) (State)
Cremation 5-12-61 // Prince Geo. Ge	n. Hospital Cheverly, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR 256. CLAS	STRAR'S SIGNATURE
Harry W. Penn. Jr. Adm	DATE MAY 15 '61 Che	∑. / V/



	It	em 20 Film 287 5-19 MARYLAND STATE DEPARTMENT OF HEALTH
1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	_	3368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05958
HEALTH DEPT,).	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before edmission) 4. STATE b. COUNTY 6. COUNTY
Page Files.		Prince Georges Maryland Prince Georges
fill 10		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
your rd of		Marlow Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS
al di for for Soan		ON A FARM?
uner uner arte ath.	3.	Parking Lot Hecht's Dept. Store. OULI 27th Avenue YES NO N
reta Sol		DECEASED (Type or print) Walter Joseph Jarvis DEATH May 11. 1961
4084	5.	tray III, 17 OI
des may 2 with		Male White WIDOWED DIVORCED Nov. 25, 1919 41 yrs. Months Days Hours Min.
2, a Start		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
urs a	000	Equipment Operator Potomac Power Co. Pennsylvania U.S.A.
Peg A3. L	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PA C		Andrew Jarvis Unknown
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	15. [¥e	was deceased ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addre
od die fina		
in lie of a sit p		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
alor and and		MAMEDIATE CAUSE (a) 772 171
Id b		Conditions, if any, which T (b) ASPIRATION, GASTRIC CONTENTS
in O de		Conditions, if eny, which (b) 115 11KH110N, (a) MS IRIC CONTENTS pave rise to immediate cause DUE TO
ate ading		(c) stelling the underlying but to (c)
"per used used one	ᆽ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ord ord	Y I	FATTY Tesenenztion liver
w w w w w w w w w w w w w w w w w w w	CERTIFICATI	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part II or Part II of Itom IB.)
S State	1	CAUSE OF DEATH. ASPIRATION Stomach Contents (had a high brook alcohol voo. 8
Chie	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)
A Par to	ME	- p.m. 5-11- 19 01 et work et work Parking lot Marlow Hgts. P.Geo. Md.
Fig.		21. I certify that I took charge of the remains described above, held an Autopsy Inspection XI. Inquiry XI and in my opinion
Certification of the Certifica		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
D S HED		ACTUAL SIGNATURE CONTE MEDICAL EXAMINER DATE SIGNED
A Para Para Para Para Para Para Para Par		DODITY MEDICAL EVALUACE (V)
DEAUTY ase executional be from ERAL its designa		NAME (Type) JAMES I. BOYD, M.D. Addres (Sirest, city, town, or county)
DER Shoul FUN its d	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c., NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sountry) (51810)
0 2 4 0 9		BURIAL S/10/01 KHINGTON NOT!
VS. AISME	23	FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	L	W. W. CHAMBERS CO., Riverdale, Maryland. DATMAY 15'61 Cartley & Hours



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH State Board of Health, b. COUNTY Dede a. COUNTY Prince George's Florida MARYLAND b. CITY OR TOWN (if outside corporata I mits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) the State Board of H write RURAL and give nearest town) Cheverly 'D. O. A. Miami Beach d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? Prince George's General Hospital 1150 100 th Street YES NO DE NAME OF Middle DATE DECEASED in pancil in Item 18, Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reflected burish-transit permit. The pages 1 and 2 with the Surish-transit permit. The pages 1 and 2 with the Surish-transit permit. (Type or print) DEATH Joseph Abraham Kanter May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR, HE UNDER 24 HRS. lest birthdey) Months Davs WIDOWED DIVORCED Nov. 26. Male yrs. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U. S. A. Merchant Food Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abraham Kanter Hilda 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs Regina E. Kanter. NO 138-02-3639

18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c)] same as # INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure MMEDIATE CAUSE (a) **DUE TO** Cardiovascular renal disease (6) geva rise to immediate cause "pending" Examiner's (**DUE TO** (e), stating the underlying cause last. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1191 19, WAS AUTOPSY PERFORMED? execute the certificate, writing the word 28 Chief Medical YES NO plnods 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Of INJURY (Home, farm, 20f. (City or town) (State) should be forwarded to the Chi-(actory, streat, offica bldg., etc.) Not While While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | . Inspection | and in my opinion Inquiry death resulted from. Natural causes 🛣 Accident Suicide Homicide. Undetermined manner CHIEF MEDICAL EXAMINER [designated ALCOHOUS. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER * EXAMINER'S 22a, BURIAL, CREMATION, 22b. DATE THEREOF NAME (Typa) 5/4/61 Address (Street, c'ty, town, or county) . 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country A REMOVAL (Specify) 240 p Burial May 8, 196] Atlantic City, New Jersey

24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Chilling S. France W. W. CHAMBERS Riverdale, Maryland, DATE MAY 8 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5970 funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decressed lived, If Institution, Residence before admission) e. COUNTY b. COUNTY Prince George Prince Geo. MARVIAND b. CITY OR TOWN lif outside comporate l'mits C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give naeresi town)
Cheverly Cheverly . 9 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3401 Belleview Ave. 3401 Belleview Ave. YES NO IX Middle (KEATING) ast NAME OF Year paper DECEASED (Typa or print) ALDEN KEETING DEATH 19 61 Mav 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 27 Nov. 1897 Male WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) 112. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retirad) Yellow Cab Co. U.S.A. Manager Mass. attending pt Then please t 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Keeting Alice E. Emily 15. WAS DECEASED EYER IN U.S. ARMED FORCES? . 16 SOCIAL SECURITY NO. 1 17. INFORMANT Ad drass (Yas, no, or unkown) ((If xesqiya war or dates of servical Edna Keeting Same as vės the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Moterlaha PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cousa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO [20e, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of 'tem 18.) OR CONTRIBUTING CAUSE OF DEATH After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or Jown) (County) (Stata) Month Day, Yaar factory, straat, office bldg., atc.1 Not While While Hour a.m. at work | at work ro.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. May DATE 22a. SIGNATUR ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23s. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION | 23b. May 61 Ft. Lincoln Cem. Bladensburg, OI 2Se. REC'D BY REGISTRAR 24 JUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 300-4th St. Home 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5972

05962

V	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss II. STATE COUNTY	ion)
1	o COUNTY hince George MARYLAND . STATE Md. b. COUNTY Pr. Geo.	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown RURAL and give nearest fown)]
,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A ON A	FARM?
	3. NAME OF DECEASED (Type or print) MARGARAT H KORAY DEATH MONTH Day	Yeor 196/
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH FR. Mole WIDOWED DIVORCED ALIG 13 1898 9 AGE (In yeors 15 Months Doys Hours 2 yrs	ER 24 HRS. Min
1	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	OUNTRY?
	HOUSE WIFE WAShing TON DC, 4.54	<u> </u>
	DANIOLS Lewis MAULE HERbert	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes no or unknown] (If yes, give wor or dates of service)	215
	LO/A J. STINCH COMB 3425-14CHER	22
	18. CAUSE OF DEATH [Enter only one cause per lyon for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	DEATH
	MMEDIATE CAUSE (a) DUE TO DUE TO	LUND.
	Conditions if any which	
	gave rise to immediate SULTO	
	tying couse last.	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS	AUTOPSY ORMED?
	₹ YES □	NO F
	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. 19 of work at work	(Stote)
	While Not while of work at work at work	
	21 I certify that (I) (this haspital) attended the deceased from U 2 36 1959, ta 5 1964, 19, 19, that (I) (last (aw
	saw the deceased alive an 5 1 1 6 1 19 , and that death accurred at 2 M, from the causes and an the date stated	
	220 SIGNATURE M.D ATTENDING MED. STAFF PHYS. 514	SIGNED
	22c PHYSICIAN'S NAME (Type) Followin C. LANC 5664-Living STON Rd SE	nHil
	230 BLR AL, CREMATION, 236 DATE THEREOF 23c MAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or country) (Stole Bury) 5-17-61 St. Johns Completed Broadcreek	(e)
,	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AL DE SE 1250. REGISTRAR 256 REGISTRAR'S SIGNATURE	
	Chemina Bria 1661- Good Hope led 5 - 1761 Ciriling & Klaus	

TO FUNE 4. IDIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death.

OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24

rts after death. Page 4

TO HO VR A15 (4) 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence before admission) a. COUNTY Prince Georges Prince Georges MARYLAND 202 b. CITY OR TOWN ('f outs' de corporate imits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 7L22 Taylor Street l day Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince Georges General Hospital YES NO Bellemeade 4. DATE OF DECEASED COMP ed (Type or print) DEATH Kessel Mav 9. AGE IIn yeers | IF UNDER 1 YEAR! IF UNDER 24 HRS. 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH est b'rthdey) Months Deys WIDOWED [DIVORCED 6 wksrs. 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHP, ACE (County & State or foreign country) | 12. C TIZEN OF WHAT COUNTRY? physician 10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ŵ unobtainable U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unobtainable) Kessel Frank Robert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | [If yes give wer or detes of service] Hospital Records (same as 1b INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure hours IMMEDIATE CAUSE (e) signed DUE TO Subendocardial Fibroelastosis from birth Conditions, if any, which geva rise to immadiate causa DUE TO (a), sleting the underlying Congenital Heart Disease certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN N PART II.) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TOR: After this of 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Stete) (County) 20s. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. at work | at work may be retaine DIRECTOR: 19. 4. and that death occured at 12. 40 16m the causes and on the date stated above. saw the deceased alive on. ATTENDING 22e. SIGNATURE STAFF DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c PHYSICIAN'S Bealemeade .. M.D. Dr. Fred Musser., M.D. 238. BURIAL, CREMATION 236. DATE THEREOF | 23 NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City, fown or county) REMOVAL (Specify) Petersburg, W. Virginia Petersburg, West O. remova] 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNAJURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Washington, D. GDATE JUN 1 Hines Company 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

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PERFORMED?

(Stata)

SIGNED

(Slata)

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physician. the



VR A15 (4) 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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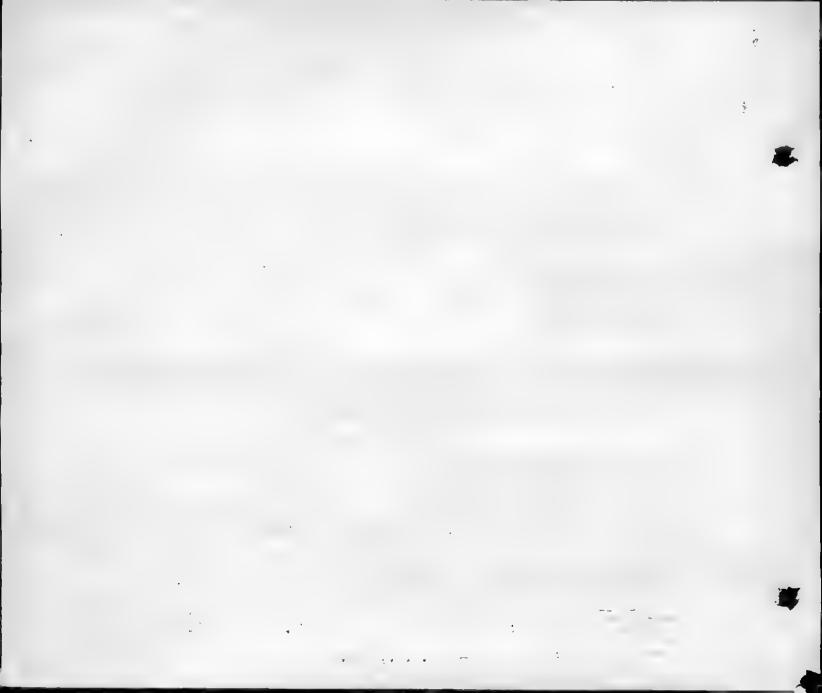
1-		00303
Ĩ	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on)
	Prince Georges MARYLAND	a. STATE Maryland b. COUNTY PrinceGeorges
	b. CITY OR TOWN (if outside corporeta I m ts, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim'ts, write RURAL and give nearest town)
1	write RURAL end give nearest town) Cheverly 1 day	W Hyattsville
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospie, give street address)	d STREET ADDRESS
1		7930 15th Avenue
3	Prince Georges General Hospital	Lest 4 DATE Month Dev Year
	DECEASED	OF C
	Daby	Kirk DEATH Agy 2 19 61 B. DATE OF BIRTH 9. AGE (In yours, IF UNDER 1 YEAR, IF UNDER 24 HRS.
- [`	7. MARRIED NEVER MARRIEDY	lest birthdey] Months Dexs Hours Min.
-	Male White WIDOWED DIVORCED	1 Pay 1961 yrs. 1
	On USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY II, BIRTHPLACE (County & Stete, or fore gn country) 12 CITIZEN OF WHAT COUNTRY?
	None	Maryland U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	Charles G.	Rosalie Carroll
4	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (Ifyes give war or dates of service)	INFORMANT Address
Ι,	No language and the second sec	
=	18. CAUSE OF DEATH [Enter on y one ceuse per line for (e), (b), end (c)]	INTERVAL' BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CONGENITAL	HEART DISEASE SIFE
	DUE TO (PROBABAY 7	RANSPOSITION OF GREAT VESSELS
	Conditions to any series	111100111100 - 1 011-111 1-1-10
	gave rise to immediate cause	
	(a), stelling the underlying DUE TO	
Ι,		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY
0.00		PERFORMED?
100	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert II or Pert III of item 18)
21202	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury til Fert i of Fert ii of them to)
a Undar	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL Hour a.m. WhileNot While	ACE OF INJURY (Home, Iarm, 201 (City or town) (County) (Stete) ctory, street, office bldg., etc.)
1	p.m. 19 et work et work	
	21. Leartify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on. Z.MA	of death occured at 3
R.	27a. SIGNATURE	ATTENDING MED. STAFF - 425. DATE
	Sololi Millard M.D.	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
	224 PAYSILIAN'S	22d. ADDRESS
	MAM (Typo)	7309 K1663 NO HIATTSVILLE, MI
2	38. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	
	Burial 5/3/61 Mt. Olivet	Washington D. C.
1 2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	F. Mark's Sons Hyattsville, Mc	d. DATE MAY 4 '61 Colling S. Kroma
· L_		1 2, 700



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	5976 CERTIFICATE OF DEATH			5966			
F	PLACE OF DEATH O. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE DC	d lived If institution Residence b. COUNTY	before admission)		
ľ	b CITY OR TOWN (If autside carporate limits, v RURAL and give nearest town)	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpo	orate limits, write RURAL and go	ve neorest tawn)		
	ANDREWS AIR FORCE BASE	1 DAY	WASHINGTON	20			
	d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION USAF HOSP, ANDREWS AFB.	street address) MARYLAND	d street address 307 PARKLAND PLA	CE SE	e is residence on a farm? YES NO 1		
	3 NAME OF First	Middle	Lost 4. DATE	Month	Day Year		
	(Type or print) ROBERT	Α.	KNAUSS OF DEATH	MAY	9 1961		
	S SEX 16. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HR		
	MALE CAUCASIAN w		13 NOVEMBER 1958	lost birthday) Months 2	Days Haurs Min		
	10a. USUAL OCCUPATION (Give kind of work dans	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of	ountry) 12.CITIZ	EN OF WHAT COUNTRY		
	during most of working life, even if retired)	NONE	WASHINGTON, DO	UNI	TED STATES		
Ji	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
K	RONALD A KNAUSS		NANCY A MCNUT	T			
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY NO 17 II	NFORMANT	Address			
1	(Yes, no or unknown) (If yes, give war or dates of service		MOTHER SAME	AS ITEM #2			
ŀ	18. CAUSE OF DEATH Enter only one couse			72	INTERVAL BETWEEN ONSET AND DEATH 2 DAYS		
1	PART I DEATH WAS CAUSED BY PINTIMONTA						
1	IMMEDIATE CAUSE (c)						
	MEASIES						
1	gave rise to immediate	gave rise to immediate (b)					
	cause (a), staining the under.						
	lying cause last. (c)	ONE CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E COMPLICAL COVER IN BART	1/ 10 WAS ALITOPS		
	PART 31. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BO	I NOT REDATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN FART	PERFORMED?		
	20d ACCIDENT WAS UNDERLYING 20t	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	rt II of item 18.)	120 110 8		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,				
				y ar tawn) (C	ounty) (Stat		
	Haur a.m.	While Nat while fo	ctary, street, affice bldg., etc.)				
1	21 1 certify that (I) (this haspital) a	ttended the deceased from	9 MAY 1261 to	9 MAY , 19 6	that (I) (we) la		
1			death accurred at 23401, fram				
	22a SIGNATURE		dedit occurred disgram, itali	THE COUSES WHO ON THE	22b DATE		
	Ist. A	Morave	M D PHYS DIRECTOR	STAFF PHYS. 9	MAY 61 SIGNE		
	ZZC PHYSICIAN'S	11000	22d ADDRESS				
	NAME (TYPE) JOHN A MOORE	, MAJOR USAF MC	USAF HOSP, ANDR	EWS AFB, MARYL	AND		
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d LOCA	1867 18 18 18 18 18 18 18 18 18 18 18 18 18	(Stote)		
	Burial MAY 15.1	961 ARLINGTON NA		ING TO VIRGINIA	P-0 1		
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REGIS	TRAR 255 REGISTRAR'S SIG			
	Thomas M. Hysons	1300-N St. N.W. J	Wash DC DATE MAY 12	'61 Urthur S.	traces		

TO HOS VR A1S (4) 1SM 9/59



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) PLACE OF DEATH I director. Page for your files. B. COUNTY b. COUNTY Prince George's MERYLAND b. CITY OR TOWN (if outside corporata limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town! for your 씽 d. STREET ADDRESS Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4306 Farragut Street 4306 Farragut 3. NAME OF Middla OF DECEASED (Typa or print) DEATH May Harold Kohr Julina ¥.H 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH 5. SEX age 5 may 1 and 2 wit 72 hours a last birthday) Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) dona during most of working life, even if retired) Construction Interior decorator Illnois In pencil in Item 18. Give Pages pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Kohr Wilhemina Hess File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Yes (Yes, no, or unkown) (If yes give war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO Gasterointestinal hemorrhage Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying 2 execute the certificate, writing the word plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. icate, to the Cu. Page 3 su 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or lown) 20c. TIME OF NJURY Month, Day, Year factory, street, office bldg., atc.) While Not While at work al work 21. I certify that I look charge of the remains described above, held an Autopsy Inspection * forwarded to DIRECTO Natural causes 200, Suicide Homicide [Accident death resulted from. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 DEPUTY MEDICAL EXAMINER IX EXAMINER'S Boyd M. D. NAME (ypa) James I. Address (Street, city, town, or county) 40 8

Prince George's c. CTY OR TOWN (If outside corporate limits, write RURAL and give manrast town) IS RESIDENCE ON A FARM? YES NO Yaar 19 61 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U. S. A. 33 Bloomebury Square Mrs Evelyn Kohr, Annapolis, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 19. WAS AUTOPSY PERFORMED? NOXIX (County) (Stata) Inquiry X and in my opinion Undetermined manner DATE SIGNED May 10th 1961 (Stata) Cirthur S. Henres

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Prince George Prince George MARVIAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) District Heights Day Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6510 Marlboro Pike Prince George General Hospital YES NO 3. NAME OF Month DECEASED OF May 61 (Type or print) Beul ah Koontz DEATH 10 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED IF UNDER 24 HRS. S. SEX 9. AGE (In yeers LIF UNDER 1 YEAR lest burndey) Months White Female WIDOWEDIC D-VORCED. 1De. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & Stets, or forming country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife Maryland home 4. MOTHER'S MAIDEN NAME Mary A. Armacost Dr. Benj. R. Ben 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 1.17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) arv K Noland. Same as above 18. CAUSE OF DEATH (Enter only one cause pe INTERVAL BETWEEN for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** 120.0 Conditions, if env. which (b) geve rise to immediate couse DUE TO (e), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 20e ACCIDENT WAS UNDERLYING | | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED I 20c. TIME OF INJURY 2De. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While WEDI Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from... , and that death occurred at ... 6.3.15 from the causes and on the date stated above saw the deceased alive on. 22e. SIGNATURE MED. SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS, M.D. 22d. ADDRESS 22c. PHYSICIAN'S 230. BURIAL CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Buried Pikesvil le 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

by # .5 Pages filled i paper complet and physician remove 0 attending p .⊑ physician. permit. has been signed by burial-fransit attending certificate for DIRECTOR: FUNERAL O. 42 '8 VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH worth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) filed o. COUNTY. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 þe CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town 70 shot NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES NO F ond NAME OF 4. DATE Middle Month Day Year DECEASED OF (Type or print) DEATH 19 Pages death 9. AGE (In years 5. SEX IF JINDER TYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last buthday) Days after Months Hours WIDOWED [DIVORCED [0 popers. USUA OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ž pou 22 13. FATHER'S NAME MOTHER'S MAIDEN NAME 50 mave IS. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address please CAUSE OF DEATH | Enter only one couse per INTERVAL BETWEEN (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate per DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) the (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f (City or fown) Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o. m. While Not while p. m. at work at work the deceosed from 1952. 19. 10 MA 7 12, 19.6 1, that (1) (we) last 19.6 1, and that death occurred of 25M, from the causes and on the date stated above. 2). I certify that (I) (this haspital) attended the deceased from 1952 sow the deceased alive on MA 22o SIGNATURE ATTENDING pe ŏ M.D. DIRECTOR L Board 22c PHYSIC AN'S 22d. ADDRESS 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL GREMATION LOCATION (City, lown, or county) (Stote) page the Sta 250 REC'D BY REGISTRAR VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Lers ofter death. Page 4		n by the funeral director,	nd 2 shauld be filed with	
TO HOW II OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Kents after death. Page 4	may Line and the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.
10	t	10	۵	dir.

VR A15 (4) 15M 9/59

L			QLIC, III	9/111					
1.	PLACE OF DEATH	ce George's	MARYLA		o. STATE Maryla	nere deceose nd	d lived. If institu b. COUNT	rtion Residence	e before admission)
(B CITY OR TOWN (I	f outside corporate limits, wr corest town)	ite c LENGTH OF STAY IN	116	Suitland,			RURAL and gi	ve nearest town)
	or INSTITUT ON 5860 Brane	AL (If not in haspital, give stoch Ave., SE.	reet address)		d. STREET ADDRESS 4921- Easte:	rn Lan	ne S.E.		e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	WILLIAM first	GEORGE Middle	L	Last ANDON	4. DATE OF DEATH	37 - d-	onth 6th	Day or 61
5.	sex Male	2.97 0 4	MARRIED NEVER MARRIED OWED DIVORCED		vember 23— :	1875	9, AGE (In year lost birthday) 95 yr	Months C	YEAR IF UNDER 24 HRS Doys Hours Min.
10	during_most of worl	ON (Give kind of work done king life, even if retired) Odar Hill Cem	Nurseyman.	INDUSTR'	Silver Sp:				EN OF WHAT COUNTRY JSA
13	FATHER'S NAME Oliver	A. Landon			14. MOTHER'S MAIDEN N Margarite		эу		
		R IN U. S. ARMED FORCES? [If yes, give war or dates of service]	16 SOCIAL SECURITY NO.	17 INFO Leo	mant nora B. Lan	don		# 2.	
		ATH [Enter only one cause part of the cause part of the cause of the c					<u> </u>		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if a gove rise to i couse (a), stating lying covse last.	mmediate DUE TO	hr. glome.	nter	moderni	ž.			× 1 - 1: -
CERTIFICATION	36	nigh TRE	NS CONTRIBUTING TO DEAT				E CONDITION C	SIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING D 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED (Enter nature of injury in	Port I or Por	rt (I af item 1B.)		
MEDICA	20c TIME OF INJUR Hour a. m. p. m.		Od INJURY OCCURRED 2 /hile Not while work 0 at work 1	De PLACE Factor	OF INJURY (Home, form y, street, office bldg., etc	n, 20 F (Cil)	y or town)	(Co	ounty) (State
	21. I certify that (I) (this haspital) attended the deceased fram. 9 15 1947, ta 27 a 27 a 29 a 1961, that (I) (we) las saw the deceased alive an 11.134 S 1961, and that death accurred at 11.144 from the causes and an the date stated above								
	220 SIGNATURE	772-29,12:	46	М.[PHYS 12 DI	ED IRECTOR	STAFF PHYS.		STE SIGNE
	22c. PHYSICIAN'S NAME (Type)	Leo H. Mugmo	n		3109- Nic	hols A	Ave., SE	. Wash.	., Do.
23	BURIAL, CREMATIC REMOVAL (Specify)	May 9th 61	23c NAME OF CEMET		metery	Suit	Land, Ma	ryland	(State)
24	FUNERAL DIRECTOR	SIGNATURE - Brothers	188% Good	od Ho	pe Rd SE DAIE	D BY REGIS	TRAR 25b. RE	GISTRAR'S SIG	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before admission) director. Page or your files. oard of Health, a. COUNTY Page b. COUNTY e. STATE Prince George's MARYLAND District of Columbia
c. CITY OR TOWN (If outs de corporele limits, write KURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 40 write RLRAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) davs Washington . IS RESIDENCE ON A FARM? Prince George's General Hospital 4931 Astor Place S.E YES NO . 3. NAME OF 4. DATE Yaar DECEASED OF the Lee (Type or print) Joseph DEATH with the 19 61 Mav Nathaniel 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS 2 with last birthday) | Months | 1, 2, and ge 5 ma and 2 v Male Colored WIDOWED DIVORCED [yrs. (10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D.C. Laborer Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lofton Henry Lee, Sr. Mildred Harps 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO., 17, INFORMANT Address (Yes, no, or unknym) ! (If yes a ve wer or detas of service) No Lofton Henry Lee 4931 Astor Place, S.E. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ! INTERVAL BETWEEN 3 days PART I, DEATH WAS CAUSED BY: Epidural Hemorrhage IMMEDIATE CAUSE (e) DUE TO Fractured Skull secondary to trauma 3 days gave rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? NO F should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Itam 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Struck on the head during an altercation execute the certificate, writing 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While 5/13/.61 et work XX et work Street Fairmont Heights 21. I certify that I took charge of the remains described above, held an Autopsy forwarded to t Inspection -, Inquiry |---and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide T CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE SEPLTY MEDICAL EXAMINER 5/16/61 EXAMINER'S James I. Boyd NAME (Type) Address (Streat, c'ty, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stela) REMOVAL (Specify) g 4 🖫 Burial incoln Memorial Suitla 240. REC'D BY REGISTRAR EXNERAL DIRECTOR 24b. REGISTRAR'S SIGNATUR VS. ATSME 5M 7/59

NARYLAND STATE DEPARTMENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution: Residence before admission) e. COUNTY b. COUNTY MERVIEND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) town) Š write RUKAL and give nearest town Ē Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO 4 3. NAME OF DECEASED OF DEATH (Type or print) 19 6 / AGE (In YEAR | IF NDER I YEAR 5. SEX IF UNDER 24 HRS 7. MARRIED TO THEY ER MARRIED lest birthday) Months | Deys Hours WIDOWED physician IDa. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME please attending Address (Yes, no, or unknown) | (If yas give werer dates of service) 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gava risa to immadiata causa DUE TO (e), sleling the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 7 20a. ACCIDENT WAS UNDERLYING 1 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of nury in Part I or Part I of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (State) 20c TIME OF INJURY (County) factory, street, office bldg , etc.) White Not White al work b.m 19.6 (to .) to . 196-1, that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from ... 15. 16. and What death occurred at CSM. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED **ATTENDING** STAFF DRECTOR PHYS PHYS. 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stelle) 23a, BURIAL, CREMATION, 1 23c. S g g 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 9/60

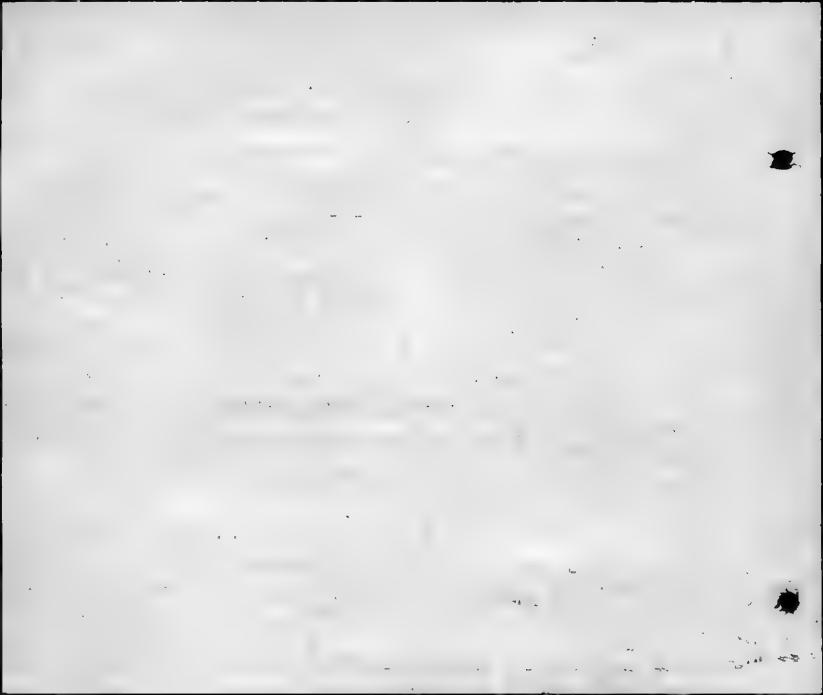
RYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) e. COUNTY b. COUNTY Prince George by the and 2 death. Prince George MARYLAND b. CITY OR TOWN (f outs de corporate umits, c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give neerest town) E LENGTH OF STAY IN 16 write RURAL end give nearest town) Hvattsvillle days filled NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 2110 Chapman Road YES NO X Prince George General 3. NAME OF Month paper n 72 DECEASED OF сошр (Type or print) DEATH 19 61 Limle May Della and cor carbo 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED X physician 10a. LSUAL OCCUPATION (Give kind of work , 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Jourena 13. FATHER S NAME altending Δ. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknwn) ! [If yes give wer or detes of service, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEART FAILURE 5 MINUTES IMMEDIATE CAUSE (e) DUE TO ARTERIOSCLEROTIC HEART DISEASE geve rise to immediate cause DUE TO HRTERIOSCLEROSIS COENERALIZED cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 PERFORMED? NO Æ 2De. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)

OR CONTRIBUTING 1 CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) CEREBRAL VARON BOSIS (Affer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY [Home, ferm, 2Df. [City or town] 20e. TIME OF INJURY (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from. pino ... 19... 6. and that death occurred at 2.4.5 M. Break who causes and on the date stated above. 22a. SIGNATURE STAFF SIGNED ATTENDING MED PHYS. DIRECTOR PHYS. 22c. PHYSICIANS 22d. ADDRESS 23a. BURIAL, CREMATION, 808 REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S AIGNATURE VR A15 (4) 15M 9/60 DATE MAY



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MARYLAND STATE DEPARTMENT OF HEALTH

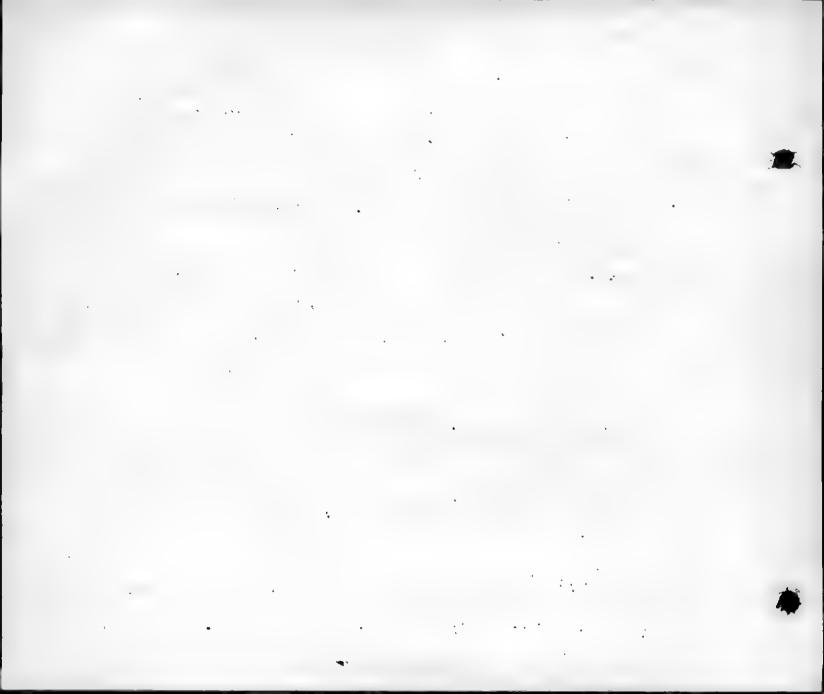
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

١	5984	CERTIFICATE OF DEATH	
	I. PLACE OF DEATH a. COUNTY Prince George b. CITY OR TOWN (if outs de corporete imits, write RURAL and give nearest fown) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hos)	e. LENGTH OF STAY IN 16 CTY OR TOWN (If outside Lay Seat Pleas	b. COUNTYPTINCE George corporate limits, write RURAL and give neerest town) ant e. IS RESIDENCE ON A FARM?
	Bullating Guard Retired	DENEVER MARR ED B. DATE OF BIRTH DE DIVORCED 6-24-96 IND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (County & Ster	TE Month Dey Yeer
	Robert Leo Maddox	SOCIAL SECURITY NO. 17. INFORMANT PKN No for (a), (b) and (c)] MILLIAND D Jocardial Dufare	Address Ogx 6909 D ST ST KIC 2581 INTERVAL BETWEEN ONSET AND DEATH 2 day
	gave rise to immediate ceuse (a), steting the underlying ceuse lest. PART II. OTHER SIGNIF CANT COND TIONS CON 20a. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or	PERFORMED? YES NO X
	Hour e.m. p.m. 19 et wor 21. I certify that (I) (this hospital) attentions as we the deceased alive on	ded the deceased from. 196/	from the causes and on the date stated above
	22c. PHYSICIAN'S NAME (Type) Dr. Max M. He 23e. EURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE (C.) CH. C. C. CAMBELO		

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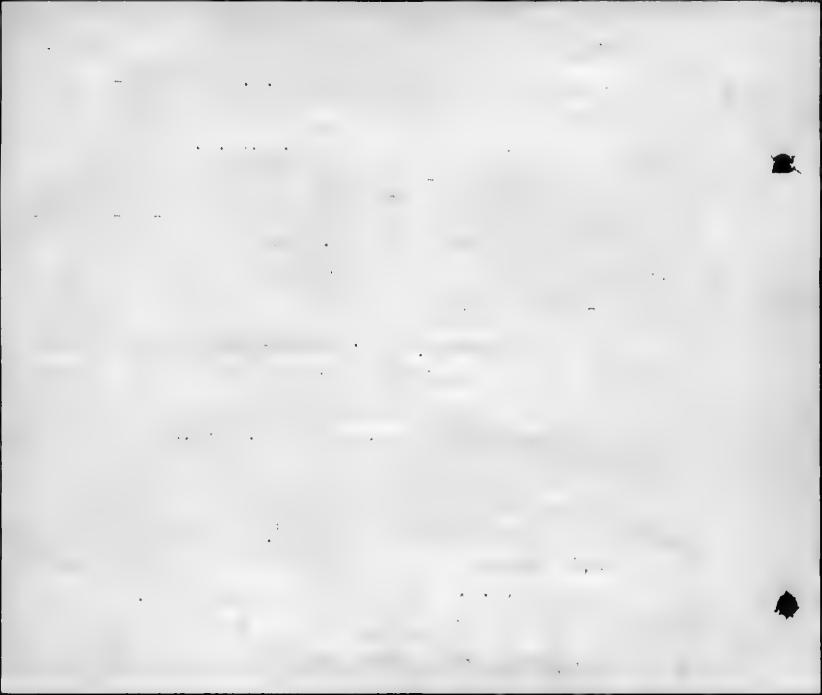
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



I. PLACE OF DEATH a. COUNTY Prince Georges \$ 0 € MARYLAND b. CITY OR TOWN (if outside corporete I mits. write RURAL and give nearest jown) <u>.</u> = -Glenn Dale (rural) 19 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Glenn Dale Hospital Middle DECEASED (Type or print) Alonzo within 6. COLOR OR RACE | 7, MARRIED | THEYER MARRIED эпо Male WIDOWED [10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Unknown Painter 13. FATHER'S NAME please Berry Mason and Then (Yes, no, or unkown) | (If yes give we ror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave risa lo immediale ceuse DUE TO (a), stelling the underlying 200. ACCIDENT WAS UNDERLYING IT I OR CONTRIBUTING [] CAUSE OF DEATH Aften this 20c. TIME OF INJURY Month, Day, Year While Not While el work | at work 1961 saw the deceased alive on... 22e, SIGNATURE PHYS. 22c. PHYSICIAN'S NAME (Type) Moe Weiss. M. D. 238. BURIAL, CREMATION, | 236 DATE THEREOF 0 VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) Washington d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? 214 C. St., N. W. YES NO TY 4. DATE 1961 Mason DEATH 9. AGE In years (IF UNDER) YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Days Hours PIRTHPLACE (County & Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. Carolina 14. MOTHER'S MAIDEN NAME Frances Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Decedent INTERVAL BETWEEN ONSET AND DEATH Postoperative death. Bronchial obstruction with 30 minutes Left anterior stage thoracoplasty h davs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HEIL 19. WAS AUTOPSY PERFORMED! Pulmonary tuberculosis, far advanced, active (2 yrs., 5 mos.,) 20b. DESCRIBE HOW NIJRY OCCURED, (Enter nature of injury in Pert I or Part II of item 18) 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or Iown) (County) factory, street, office bldg., etc.) ..., and that death occured at...P.....M, from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS Glenn Dale Hospital Glenn Dale. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION_(City, town or county) 25a. REC'D BY REGISTRAR Galue Nho DAHAY 2

MARYLAND STATE DEPARTMENT OF HEALTH



DVI AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF BEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) letay is necessary, funeral director. Page tained for your files. State Board of Health, a. COUNTY b. COUNTY District of Columbia Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts. write RURAL and give nearest town) write RURAL and give nearest town) Washington Cheverly
d. NAME OF HOSPITAL OR NISTITUTION (if not 'n hospital, giva street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3810 Beaches Street Prince George's General Hospital YES NO T 3. NAME OF 4. DATE DECEASED DEATH (Typa or print) 19 61 Clarence Howard Mason 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years 1 IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | DIVORCED Sept. 9, 1909 WIDOWED [10a, USJA, OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foraign country) 1 12. CITIZEN OF WHAT COUNTRY? 's Office along with form PM3. Page a burial-transit permit, File pages 1 and Heavy equipment operator Construction Temessee U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Lincoln Mason Pearl Thomas 6829 Buckenan Street 15 , WAS DECEASED EVER IN U.S. ARMED FORCES? JO. SOCIAL SECURITY NO. 17. INFORMANT Mrs E.C. Powell, Woodlawn, Maryland 18. CAUSE OF DEATH [Enter only macausaype line for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Pulmonary embolism DUE TO Surgery for pyloric obstruction gava risa to immediate causa DUE TO (a), stating the underlying Second and third degree burns of lower extremities PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.8 19. WAS AUTOPSY PERFORMED? YES INO plnous 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of in ury In Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. Was handling some gasolene that got on clothes and caught on | 20d. INJURY OCCURRED a 20e. PLACE OF INJURY (Home, farm, 20f. (C'ly or town) (County) 20c. TIME OF INJURY Month, Day, Year the Chie Whila Not While at work at work factory, street, office bldg., atc.) Street Prince George's Md Berwun forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion Accident . Homicide . Undetermined manner death resulted from. Natural causes Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAM.NER EXAMINER'S James I. Boyd NAME (Typa) Address (Street, city, town, or county) 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228, BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Spacify) 40 6 Ώ, 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME arthur S. Henry 5M 7/59

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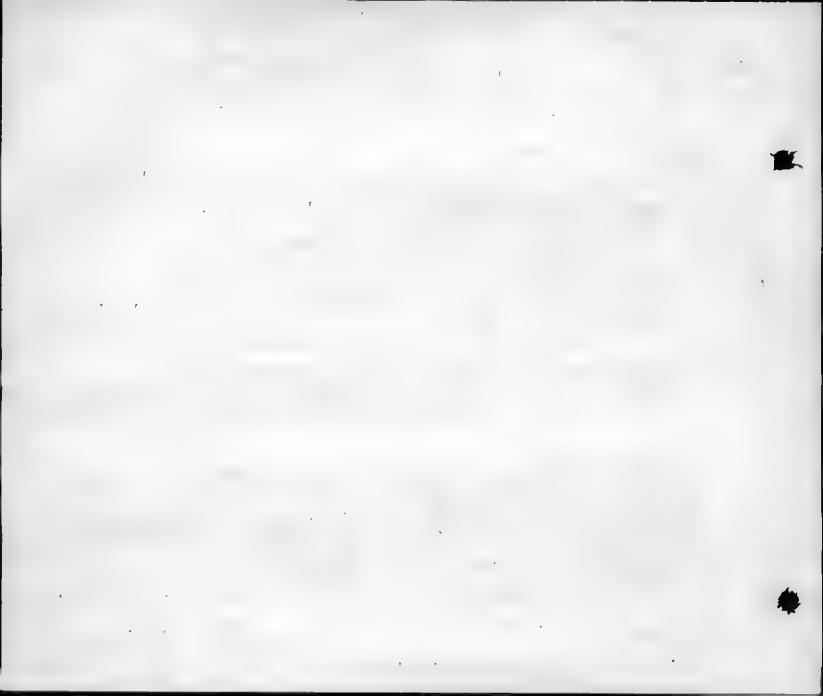
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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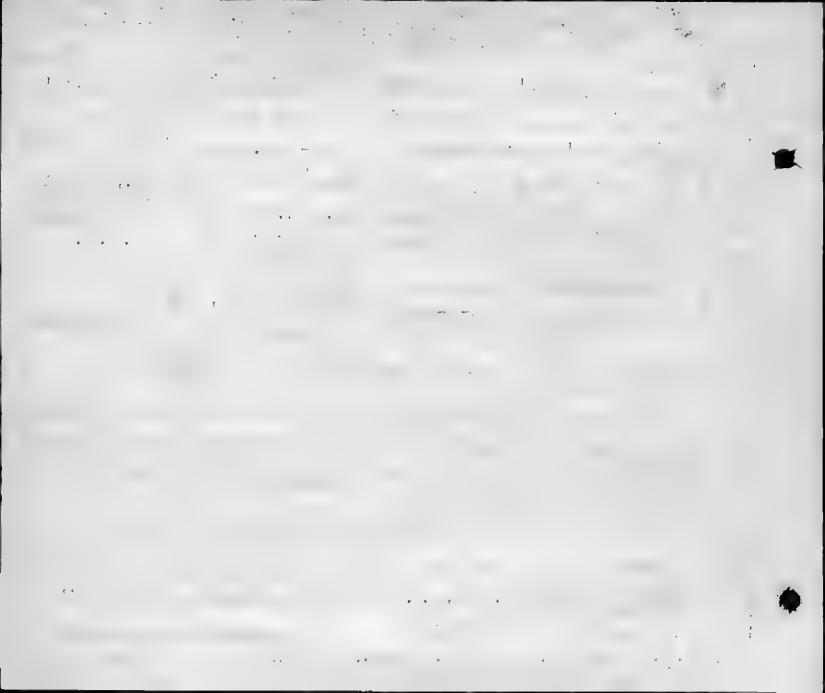
	rince Geor	440	MARY	LAND	2 USUAL RESU	aryla	here deceased	l lived. If instituti b. COUNTY			mission) eorge ¹
b. CITY OR TOWN (RURAL ond give n College	If outside corporate limeorest town) e Park, M	its, write	c. LENGTH OF STAY	IN 1b			e Park	rate limits, write R	RURAL and giv		
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	jive street o	iddress)		d. STREET A	DDRESS				e. 15	RESIDENCE N A FARM?
8801	48th avenu	ıe			880	1 4	18th_a	venue			□ NO □
3. NAME OF DECEASED (Type or print)	E1 :	izabe	Middle th		Maxwel		4. DATE OF DEATH	May	9,	Day	Year 19 61
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	ED 🔲	DATE OF BIRT	Н		9. AGE (In years			NDER 24 HRS
female	white	WIDOWE			Nov 19	, 187	6	last birthday) 84 yrs.		Pays Ho	urs Min,
100 USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b I	CIND OF BUSINESS O	RINDUS	TRY 11. BIRTHPL	ACE (Stole	or foreign o				ATCOUNTRY
	sewife		own home		Scot	land			U	S	
13. FATHER'S NAME			211.12		14. MOTHER'S						
J	ohn Petrie				E1:	izabe	th Cr	iuchant			
IS. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16 5	SOCIAL SECURITY NO	. 17. IN	FORMANT			Add	dress		
Yes, no, or unknown}	(if yes, give war or deter of $\mathbf{n}_{\mathbf{O}}$	HER MICE!		E1	izabeth	Flee	t H	yattsvil	lle, M	d.	
Canditions, if a gave rise to couse (a), stating lying couse lost.	the <u>under</u> DUE TO) <u>(</u>	atins			<u> </u>	ale			15	7
CATIC	HER SIGNIFICANT CON	iditions <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GE	VEN IN PART	PE	REORMED?
OR CONTRIBUTING	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	RIBE HOW INJURY O	CCURRE), (Enter noture o	if injury in	Port I or Por	t II of item 18.)			
ZOc. TIME OF INJUI Hour o.m.	RY Month, Day, Ye	While	Not while at work	20e. PL/ foo	CE OF INJURY (tory, street, office	Hame, forn e bldg., etc	n, 20f (City	r or town)	(Co	enty)	(Stoke
21. I certify the	at (I) (this haspita	1) attend	ed the deceased				M from	the couses of			l) (we) las
22a SIGNATURE	2000				ATTENDIN	G M	SED IRECTOR [STAFF PHYS	na an me	5//	22b.DATE SCOVE
22c. PHYSICIAN'S	2,000		1		22d. ADDR					-/-	-
NAME (Type)	Dr C D C	onnor			4317	Berw	yn Roa	d Colle	ge Par	ck. M	d.
230 BURIAL CREMATIC	ON, 23b. DATE THERE	OF .	23c. NAME OF CEM	ETERY O				TION (City, town,	~		(State)
REMOVAL (Specify Burial	May 13,		St John'		emetery	r		tsville,			
24 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS			25a. REC	D BY REGIST	TRAR 2Sb. REG	ISTRAR'S SIGI		
F. Gasch	le Done H	watte	wills Ma			DATMA	Y 15'6'	Cin	Chur S. Fl	raua	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institutions Residence before admission) e. COUNTY I director. Page or your files. oard of Health, e. STATE **IL COUNTY** Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) for your I Carmody Hills Cheverly Dead on arrival .d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? fundral o retained he State B Prince George's General Hospital YES NO 307 - 72nd3. NAME OF 4. DATE Month DECEASED the (Type or pdnt) Walter DEATH 1961 May 10th 1961

9. AGE (In years | IF UNDER TYEAR | IF UNDER 24 HRS. Hamild McLeren ge 5 may be and 2 with 1 72 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Months Male White WIDOWED | DIVORCED [Jan. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2, orm PM3. Page 5 File pages 1 and vent within 72.b done during most of working life, even if retired) U. S. A. Mississippi Watchman 5 & 10 ¢ Store 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John David McLaren Elinore Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, se, or unkown) (Ifyasgive war or dates of service) permit. Mrs Annie Mae McLaren. same as # 2 with pencil in Item 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN se's Office along visa a burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) : Acute congestive heart failure PART I, DEATH WAS CAUSED BY: DUE TO Coronary artery disease Conditions, if any, which (b) save rise to immadiate cause DUE TO (e), stelling the underlying 35 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY S Medical Ex PERFORMED? NO X 200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) shoule the Ch. Page 3 s... PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Private of the Chief Private DIRECTOR: Page 3 sits designated agent, prior to burie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) __Not While While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection T. Inquiry T and in my opinion Accident . Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO May 10th., 1961 **EXAMINER'S** NAME (Iwa) James I. Boyd, M.D. Addrate THEREOF 226. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22b. DATE THEREOF 22d, LOCATION (City, town, or country) 22a, BURIAL, CREMATION REMOVAL (Specify) 240g Cedar Hill Cemetery Suitland Burial 1961 Maryland 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME W. W. Cha mbers Co. 517 11th St. SE Wash. DC DAMAY 1 5 '61 arthur & Hours SM 9/60

AARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) 1. PLACE OF DEATH 6. COUNTY RINCH LECROLS a. COUNTY PRINCE GEORGES MARYLAND c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearast town! YATTSUILÍ THARS BRENULOCI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF 4. DATE Middle Month DECEASED OF Anna Μ. Miller DEATH (Type or print) FUNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T AGE (In years 8. DATE OF BIRTH last birthday) Months DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 11 BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED U.S.GOVT. WASHINGTON. D. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME ANNA LUBER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address FTYATUS. ID. (Yes, no, or unkown), [Ifyes give war or dates of sary'ce) SACKED HEART 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).) PART I, DEATH WAS CAUSED BY: Cerebral Vascular Hemorrhage IMMEDIATE CAUSE (a) DUE TO Hypertension Conditions, if any, which " (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 206 ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW NURY OCCURED [Enter nature of 'njury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) · 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While _Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on..... 22a. SIGNATURE ATTENDING MED. May 2. PHYS. 22c. PHYSIC, AN'S

director, page 3 FUNERAL H

DIRECTOR:

VR A15 [4] 15M 9/III

by the and 2 death.

Pages filled i

and

e attending physician a Then please remove coval, and in any event

physician.

123c. NAME OF CEMETERY OR CREMATORY

Collins, M. D.

Thomas F.

NAME (Type)

REMOVAL (Specify)

238, BURIAL, CREMATION, | 236, DATE THEREOF

23d, LOCATION (City, fown or county)

(State)

. IS RESIDENCE

19 6]

Hours

INTERVAL BETWEEN

ONSET AND DEATH

day

26 months

PERFORMED? NO T

(State)

22b. DATE

196 TIGNED

ON A FARM? YES NO X

5-4-6] 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS"

Washington 2.D.C.



1	MARYLAND STATE DEPARTMENT OF HEALTH
END STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
HEALTH DEPT	I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
Page.	e. COUNTY
X 42 (** 1884)	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
director.	write RURAL and give nearest town) Cheverly Capitol Heights
lay is necessarial director	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
dell ned ste B	Prince Georges General Hospital 6230 Highmont Lane
If the dell the funera retained he State Ir r death.	J. NAME OF DECEASED () And Service Month Dey Year DECEASED () DEATH TO DESTRUCT OF DEATH
역 5 월 <u>구</u> 황	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 1904 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
2, and 3 5 may od 2 will hours a	Male White WIDOWED DIVORCED Dec. 26, 1908 56 yra. Hours Min.
2, and 5, and 2 ho	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
Page Page s 1 an	Cable Splicer Telephone Company Washington, D. C. U.S.A.
PW Page	13. FATHER'S NAME
Tale By	Charles Timothy O'Connor Nora Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CORO HA
	(Yas, no, or unkown) [(Ifyasgivawerordatasofservice)] 62.30 Highmont
uted will fem 18. with for permit.	Yes WYI 212-10-0510 Mrs. Alberta C. O'Connor Lane, Capital Agts, Md
e execution la along transit in and in	PART I. DEATH WAS CAUSED BY: NOTICE TO COME ONSET AND DEATH
4 6 6 4	1.10 X DUE TO
should I of in po should a buria removal	Conditions, if any, which gave rise to immediate cause
ding's	(a), stating the underlying DUE TO
tifica peni amir sed on, o	CRUSE LOST. CRUSE
This certification word "pe word "pe dical Examuld be use cremation."	PERFORMED? YES [NO DX]
900	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 10. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUT
INER:	
Z EU Bo	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) Howe a.m. While Not While fectory, street, office bidg., aic.]
cate, rest to the OR: P	
AL 1	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry It. and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner Inquiry It.
MEDICAL the the certific forwarded II. DIRECT saied egent,	CHIEF MEDICAL EXAMINER
ME to the	SIGNATURE A. JOYAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EVIY I execute uld be full be full designal	DEPUTY MEDICAL EXAMINER TX
esse execute should be for FUNERAL its designate	NAME (Type) JAMES I. BOYD, M.D. Address (Street, city, town, or country) (Stelet)
0 g 4 0 g	Buria 1 May 6, 1961 Mt. Olivet Cemetery Washington D. C.
VS, A15ME	23. FUNERAL DIRECTOR ADDRESS 517 11th St. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	W. W. CHAMBERS CO. S.E., Wash., D.C. DATE MAY 5 '61 Cuthur 8. Hours

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5 7 9

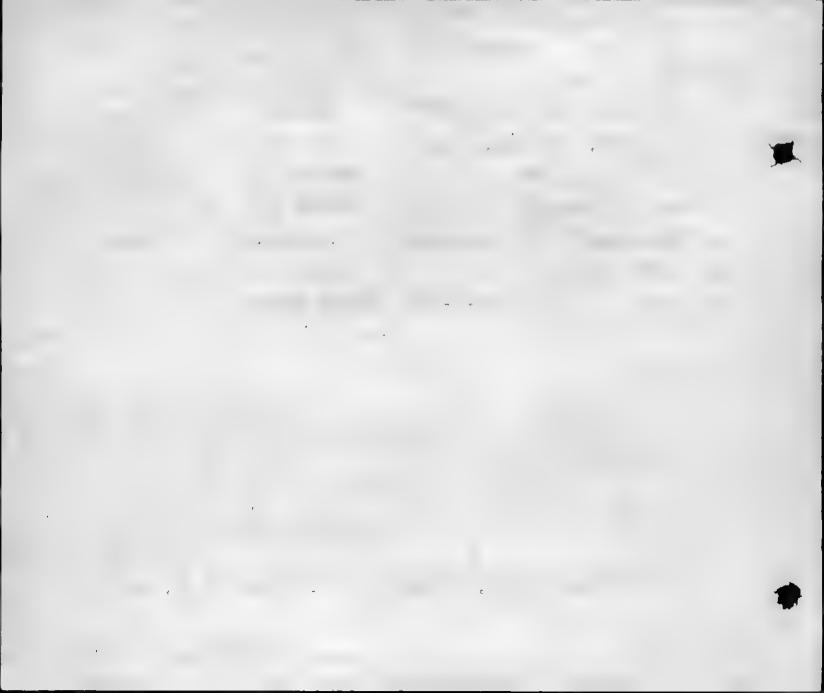
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MARYLAND STATE DEPARTMENT OF HEALTH





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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5994

CERTIFICATE OF DEATH

05984

V	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
7	- / / .	e. STATE
4	b. CITY OR TOWN (if outside corporate lights, c. LENGTH OF STAY IN 16	c. CHY OR TOWN (Uputside corporate limits, write RURAL and give nearest town)
1	write RURAL and give heerest town)	
	1 Cinerdale	from Gall
ľ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1	Keland Memorial Hastetel	YES NO
ľ	3. NAME OF First Middle	Last 4. DATE Month Dey Year
	(Type or print)	DEATH May 23 196/
ı	5. SEX 6. COLOR OR RAPE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
ı		lest birthdey Months Deys Hours Min.
	WIDOWED DIVORCED	anilary 24 11/7 62 415.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working l.fe, even if retired)	RY II. AIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY?
1	inspector lannery 1	Calleburgh 11. Carolina USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Laver 41 letelant from	March & Brandle
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no, or unkown) [Hyesgive were realest of service]	1. 19. CIP. I mi
1	18. CAUSE OF DEATH Enfer only one county per line for (e), (b), and (c),	they recently they sometimes were
	PART I. DEATH WAS CAUSED BY:	ALLO SOLO OF THE STATE OF THE S
	IMMEDIATE CAUSE (6)	may manney to the transfer
	DUE TO (Charles I would
ŀ	Conditions, if eny, which (b)	11 Mills Decreases Times
	geve rise to immediate cause [a), stating the underlying DUE	
	cause lost.	10 Onlocued
	Z PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1		PERFORMED? YES NO T
	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURE OP CONTRIBUTING [] CAUSE OF DEATH [] [] FETTING THERE, NOTIFY MEDICAL EXAMINER.]	D. (Enter nature of injury in Part I or Part II of Itam 18.)
	OF CONTRIBUTING CAUSE OF DEATH	by family standard of talking the control of the control of
		And the same of th
		ACE OF INJURY (Home, ferm, 201. (City or town) (County) (State)
	p.m. 19 et work et work	Ma NX /d
ı	21. I certify that (I) (this hospital) attended the deceased from	10) to 100, 100, that (I) (we) last
	saw the deceased alive on 1991 15 10 0 and the	at death occured 3.45.7, from the causes and on the date stated above.
	220. SIGNATURE	22b, DATE.
	Reconstit Willender oracle	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN S	22d. ADDRASS 229 Pressed
	NAME (Type) K-26PT (MILL CF18	Jan
1	TYDEA 1 C. VVIN.OT I'C	ON CONTRACTOR (CALLED CONTRACTOR)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Dureal 5/26/6/ Central C	hurch Unitery Cliftant dege 16.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'DUINGEGISTRAC'S FIGURATURA
	dellett Vanaldern famil	DATE WAY 29'61 Orthur 2. Thank



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss on 1. PLACE OF DEATH e. COUNTY **b. COUNTY** c. CIY OR TOWN (Houtside corporate limits, write RURAL and gits needest lown) MARYLAND b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION of not in hospitel, give street address) . IS RESIDENCE ON A FARM? YES NO Tince J. NAME OF 4. DATE Midd e DECEASED OF (Typa or print) DEATH 1961 May IF UNDER 24 HRS. AGE (In years) IF UNDER I YEAR 7. MARRIED NEVER MARRIED lest birthdey] | Months WIDOWED DIVORCED 1Db. K ND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? 14. MO HER'S MAIDEN NAME (Yes, no. or unknown) I (If yes give war or detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 6 MOS IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY PERFORMED? NO 1 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) (Steta) 2Dc. TIME OF INJURY Month, Dey, Year factory, street, office bldg., alc.) While _ _Not While Hour a.m. el work el work 21. [certify that (I) (this hospital) attended the deceased from 9-23-60 19 22e. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS NR C. BATEMAN death. 123c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 1 235. DATE THEREOF BURIAL (Specty) REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

20-D C DATE MAY 9

Pages led and physician ding signed FUNERAL I

15M 9/60



TO HC CAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 24 hours after death. These 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5996 CERTIFICATE OF DEATH

Ш		
1	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased tived, il institution; Residence before admission)
П	Prince George MARYLAND	* STATE Matyland Prince George
ľ	b. CITY OR TOWN (if pulside corporate I mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete m is, write RURAL end give neerest town)
П	write RURAL and give nearest town)	
1	Cheverly 3 Days	Hillside
1	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
-1	Prince George General Hospital	1223 53rd Ave. YES ☐ NO 📝
J	3. NAME OF First Middle	Lest , 4. DATE Month Day Year
+	(Type or print) Sylvester (N.M.N.)	Ramsey DEATH May 7 19 61
ŀ		DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	/. MARKIED IL NEVER MARKED	lest birthdey] [Months Days Hours Min.
-}	Male White WIDOWED DIVORCED	9=4≈96 b4 s i
1	10e. USUAL OCCUPATION (G.ve kind of work done during most of working life, even if retired)	11. BIRTHPLACE , County & Stefe, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Landscape Gardener Self-Employed	Virginia USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Unknown	Unknown
1	15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 I	NFORMANT Address
1	(Yes, no, or unknown) I (If yes give wer or deles of service)	
1		th E. Ramsey, 122353rd Ave., Hillside, Md.
1	IB. CAUSE OF DEATH [Enler only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
П	PART I DEATH WAS CAUSED BY:	
П	MAMEDIATE CAUSE (a) Goronary Thromboxi	5
ı	Conditions, if eny, which \ (b)	
ı	gave rise to immediate cause	
ı	(e), stelling the underlying DUE TO	
1	couse lest, (c)	The same of the sa
ŀ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY PERFORMED?
ı	8	YES NO IN
1		(Enter nature of in ary in Part L or Part L of item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	
-	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 201, (City or lown) (County) (State)
1		ary, street, office bldg., etc.)
ı		
Н		May 4 19.61 to May 7, 19.61 that (I) (we) last
-1	saw the deceased alive on., May. 7 19. 61, and that	death occured at 1
-1	226. SIGNITURE	ATTENDING MED, STAFF 226. DATE
П	Terral pagenge M.	DIRECTOR DIRECTOR DE SUNS DE SE-
П	227 PHYSICIAN'S / Dr. Geo. Hageage, M.D.	22d. ADDRESS 3717 3:8th Ave./
-1	NAME (Type)	Cottage City, 16.
ı	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify)	
	T	
	Burial 5/10/1961 Mt. Olivet Ce	
	Burial 5/10/1961 Int. Ulivet Ge 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WWW Chambers for Signature	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAY 9 '61 Cathon & House

93- -

. 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	5997 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05987
REALTH DELI.	1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate l.mits, c. LENGTH OF STAY IN 1b 1) 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission as STATE b. COUNTY MARYLAND c. CITY OR TOWN (if outside corporate l.mits, write RURAL end give neerest lown)
elay is necret ined for your tate Board of	write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Prince George's General Hospital 3 NAME OF 6. IS RESIDENCE ON A FARM YES NO 2 Last 4. DATE Month Day Year
13 to the 13 to the 17 to the 17 to the 17 with the 5 s after dead	Total John F Reagan OF DEATH MEY 11 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED 8. DATE OF SIRTH 9. AGE (a years IF UNDER 14 ARS 19 19 19 19 19 19 19 1
urs after d as 1, 2, and Page 5 me 1 and 2 v	Male White WIDOWED DIVORCED March 27, 1887 Months March 20, 1887 Months March 27, 1887 Months March 27, 1887 Months March 27, 1887 Months March 27, 1887 March 27,
hin 24 ho Give Page rm PM3. I File pages	michael Joseph Reagan I. da Brown
xecuted wil I in Item 18. ong with fo insit permit.	15. WAS DECEASED EVER IN J. J ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyespative was ordates of Serv.ce) (NE. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (e). (MMEDIATE CAUSE (e). (MEDIATE CAU
ding" in pencional series of the series of the series of the series of the series of removal, as	Conditions, f any, which geve rise to immediate cause [a], stating the underlying cause lest.
This certific word "per word "per dical Exami uld be used cremation,"	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6 19. WAS AUTOPSY PERFORMED? YES NO 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part Lor Part Lor James 18)
AMINER: writing the Chief Me Page 3 sho to burial,	Fell going to bath room Fell going to bath room 20c. TME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stelle) Hour a.m. 3/8/9 6 is work of work Home Fell going to bath room County (County) (County) (Stelle) Hour a.m. 3/8/9 6 is work of work Home
Certificate, certificate, srded to the RECTOR: sgent, prior	21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from Natural causes . Accident . Su cide . Homicide . Undetermined manner .
xecute the lower be forward be forward by ssignated a	ACTUAL SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER 5/11/61
please of should be should	Address (Siree), c'ty, town, or county) 226. BURIAL, REMATION (City, lown, or county) 226. BURIAL, REMATION (City, lown, or country) 226. DATE THEREOF 226. NAME OF CENTERY OR CREMATORY 226. LOCATION (City, lown, or country) Colman Manor, Malagerian (Colman Manor), Malagerian (Colman M
VS. A15ME 5M 7/59	Malleys Funeral Home, md, Toate MAY 18'61 areling & theme



VR A15 (4) 15M 9/59

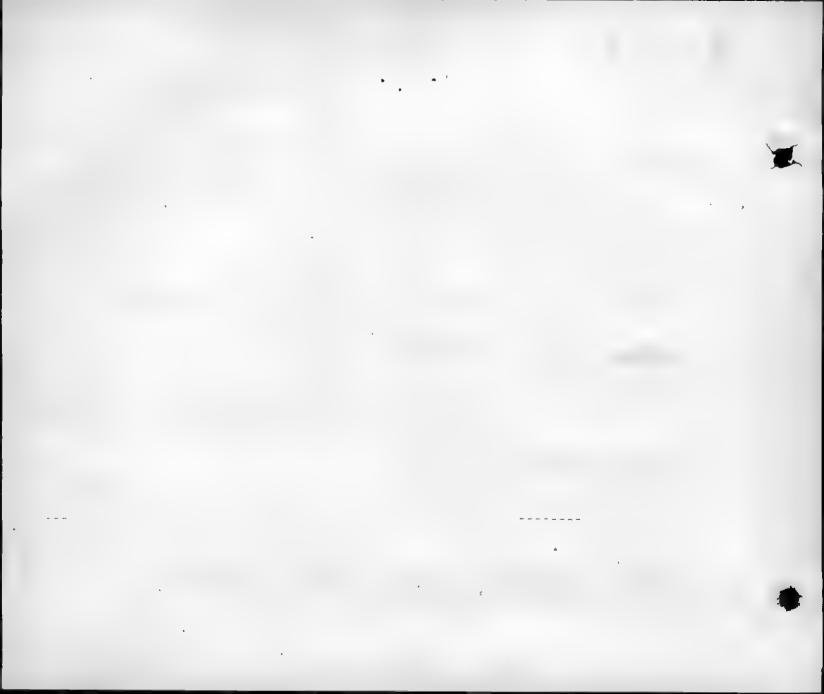
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05988

	PRINCE G	EORGES	MARYLA	- 11	USUAL RESIDENCE (W o. STATE MARYLAND	here deceased	 L. COUNTY 		
	b. CITY OR TOWN (If RURAL and give new ANDREWS		16						
	d. NAME OF HOSPITA	AL (If not in hospital, give st P. ANDREWS AF	reet oddress)		d. STREET ADDRESS 4208 SILV	VER HI	LL ROAD		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF	First	Middle		Last	4. DATE	Mor	1th	Day Year
	DECEASED (Type or print)	SUSAN	ANN		RECTOR	OF DEATH	MAY		31 19 61
5.	FEMALE	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED OWED DIVORCED		ATE OF BIRTH		9. AGE (In years lost birthday) yrs		EAR IF UNDER 24 HRS.
10	usual occupation	N (Give kind of work done ing life, even if retired)	106 KIND OF BUSINESS OR I	NDUSTRY			ountry)		N OF WHAT COUNTRY?
L	NONE		NONE	12	MARYLAN			UNI	TED STATES
13	FATHER'S NAME			1.	MOTHER'S MAIDEN				
	WILLIAM	LOUIS RECTOR			ROSE ANN	DEAN			
		IN U.S. ARMED FORCES? If yes, give wor or defeat of service)	NONE	17, INFOR	MANT HER		SAME	AS ITE	M #2
			er line for (o), (b), and (c)] RREVERSIBLE HY	YPOXI	A				INTERVAL BETWEEN ONSET AND DEATH 1 HR 9 MIN
NO.	Canditions, if or gove rise to in cause (o), stoting I lying couse lost.	he under-	ONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	NNAL DISEAS	E CONDITION GIV	VEN IN PART 1	(o) 19 WAS AUTOPSY PERFORMED?
CATIC									YES NO
CERTIFICATION	20a ACCIDENT WA	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED (E	nter noture of injury in	Port I or Port	t It of item 18.)		
ERT.FI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy Year 2		e. PLACE	of injury in OF injury in OF injury in OF injury (Home, for street, office bldg., st	m, , 20f. (City		(Cou	YES 🐼 NO 🗌
CERTA	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o m. p. m. 21. I certify that Saw the deceas 22c SCNATURE	Month, Doy Year 2 19 Worth (I) (this hospital) at ed alive an 31 Me	od INJURY OCCURRED /hile Not while 20 tended the deceased from 1961, and the lease of the leas	om_31	OF INJURY (Home, form, street, office bldg., et May ATTENDING PHYS. 22d, ADDRESS	of 1, to	or town) 31 May the causes ar	19 61 and the c	YES 🐼 NO 🗌
MEDICAL CERT.FI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o m. p. m. 21. I certify that Saw the deceas 220 S GNATURE 22c PHYSIAN S NAME (Type)	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy Year 2 19 Month (i) (this hospital) of ed alive an 31 Mg OHN D BLACKBU	od INJURY OCCURRED 20 /hile Not while tended the deceased from 1961, and the large way 1961, and the large way 1961.	om_31 and deat	May ATTENDING PHYS. 22d. ADDRESS USAF HOS.	of 1 to open M. from	or town) 31 May the causes are STAFF PHYS. REWS AFB	, MD	yes No (1) (we) last date stated above 22b DATE SIGNED 1 June 196
MEDICAL CERT.FI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o m. p. m. 21. I certify that Saw the deceas 220 S GNATURE 22c PHYSIAN S NAME (Type)	Month, Doy Year 2 19 Worth (I) (this hospital) at ed alive an 31 Me	od INJURY OCCURRED /hile Not while 20 tended the deceased from 1961, and the lease of the leas	e PLACE factory am31 not deat MC	OF INJURY (Home, for street, office bldg., et	61, ta OP MA, fram AED. IRECTOR D	or town) 31 May the causes an STAFF PHYS. REWS AFB	, MD	yes No (Store) 7, that (I) (we) last date stated above 22b DATE SIGNED 1 June 196.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 5990 Reg. Dist. No filed with COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) K. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write) c CITY OR TOWN (If pulside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 RURAL and give regrest town) d. NAME OF HOSPITAL (If not in hospital, give-street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF 4. DATE OF First Middle Day Year DECEASED ERINE DEATH (Type or print) 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years fost birthday) IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX Months Hours AUCASIAN WIDOWED IX DIVORCED 10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mos) of working life, even if retired) carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME RAVER WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 水本の外 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1225 IMMEDIATE CAUSE (o) é Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour g, m While Not while at work | of work 21. I certify that I attended the deceased from 1 VIAL AV, 19:11, ta ___, and that death accurred at A.M.S.F.M. Fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d. LOCATION (City, town, (State) REMOVAL (Specify) REENMOWI 10 FE CEMETER 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 29'61 arthur 9

requires that

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (5990

j		LACE OF DEATH					nstitutioni Rasidance before admission
	8.		ce George's	Manual and	a. STATE	b. COUN	
	ь	CITY OR TOWN (I	foutside corporate limits,	MARYLAND C LENGTH OF STAY IN 16	Mary Land	Prince Ge(RURAL and give neerest town)
			give nearest lown)	3 Deve	How one 1	Ham Thomas	
I	~ - d.	Cheve		1 Day t in hospital, give streat address)	STREET ADDRESS	Marlboro	a. IS RESIDENCE
1	}				O OTHER PEDRESS	br-4	ON A FARM?
8			orge's Gener	al Hospital	R.F.D.	Box 4150	YES NO
I		IAME OF ECEASED	First	Middle	Ross	4. DATE Month	Dey Year "
i		ype or print)	Baby Girl		10000	DEATH May 8	19 67
į	5. SE	EX		MARRIED NEVER MARRIED X	DATE OF BIRTH	9, AGE (In yaars	FUNDER I YEAR IF UNDER 24 HRS.
i		Tlama la		IDOWED DIVORCED		last birthday)	Months Days Hours Mn.
j		L'SUAL OCCUPATI	ON (G.ve kind of work	106. KIND OF BUSINESS OR NOUSTR	May 7, 196		12, CITIZEN OF WHAT COUNTRY
i			king life, even if retired)	100. KIND OF BOSINESS OK 100311	19		
		_None		None	Maryland	d	U.S.A.
	13. F	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
		Charles	Dage	Er Dem -	1 3/2/1/1 10		
	15. V	WAS DECEASED EVE	R IN U.S. ARMED FORCES		Hilda Jo	1115011. Address	_
	(Yas,	no, or unkown) (If	yes give wer or detes of service	None	Mother	Same	
	5.	. No	Edward II		110 01101	Delic	
				se per line for (e), (b), end (c).			ONSET AND DEATH
		PARI I. DEAIR	MAS CAUSED BY: MMEDIATE CAUSE (e)	From attent			
		12	THE TO	7	,		
		Conditions # any	Which was 'bl	Sepie reena	<i>L</i>		
	1 1	geve rise to immadic	ole ceuse	repre keen us	muse		
	((e), stetling the un	derlying DUE TO	V			
	9	cousa lest.	(c)		n # W		
	N N	PART I. OTHER	SIGNIF, CANT CONDIT, OF	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION G.V	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ATI						YES NO T
	E 2	De. ACCIDENT WA	AS UNDERLYING 1 1 20	b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of Item 18.)	
	l m	OR CONTRIBUTING	MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year		CE OF INJURY (Home, farm		(County) (State)
	AED	Hour a.m.	19	White Not White fact	ory, sileel, office blog., elc	*1 1	
	I ~ I_			attended the deceased from.	New 7	1067 . Mart 8	, 19.6.1 that (I) (we) las
			Mav.			Page	
	5	saw the deceas	ed alive on	919.94., and that	death occured at	that, from the causes	and on the date stated above
	2	220. SIGNATURE		1 1 - 1 -	ATTENDING	MED. STAFF	22b. DATE
à		The	24. A. (1	Exectourse M		DIRECTOR PHYS.	5/9/6
f	2	22c. PHYSICIAN S	man ii	1000000000	22d, ADDRESS		7-11 11-11
		NAME (Type)	Dr Thomas A	Chad -t	1007		College Park, M.D.
	22.4	TIDIA CREMATI	DN, 236. DATE THEREO			Baltimore Ave.	vn or county) (State) 4
	238	EMOVAL (Specify)	5-11 - 1al	14 P	Till	1 110 km 21 - 311	alle ond
			-11-01	XI LIUSIO CI	amering	yoper 1110	work ma
	24 7	UNERAL DIRECTOR	1 . 11	ADDRESS	258. REG		SISTRAR'S SIGNATURE
	140	inigo was	chnylut to	2 4925 Naam	CW //L DATE	MAY 15'61	
ø	4						

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05991

PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where deceased on STATE NEW YORK	I lived. If institution, Re b. COUNTY WESTCH	esidence before admission) HESTER
b. CITY OR TOWN (If outside corporate limit: RURAL and give regrest fewn)	5-MOS.	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, grown in State of the CH.	APEL RD.	d STREET ADDRESS 32 ROBINS CRES	CENT	e. IS RESIDENCE ON A FARM? YES NO
3. NAME FIRST DECEASED (Type or print) WILLIAM		SCHAEFER DEATH	Manth	Doy Year 16 1961
	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH SEPT 28 1931	9. AGE (In years lost birthdoy) Mar	NDER 1 YEAR IF UNDER 24 HRS
VICE PRES SCHAEFE.	lone 10b. KIND OE BUS NESS OR INDU			U.S.A.
WILLIAM J. SCHAE	FER	IRMA WEN	INING	
(Yes, no. or unknown) [II] yes, give wor or dates of sets WES KOPERN WES 1B. CAUSE OF DEATH [Enter only one cou	unobtainable SH	TRLEY M.SCHAEFER Carcinon		CENS CHAPEL R
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Part II. OTHER SIGNIFICANT COND		T NOT RELATED TO THE TERMINAL DISEASE	E CONDITION GIVEN I	N PART I(o) 19 WAS AUTOPSY
\[\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}				PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part	II of item (B)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	or town)	(County) (Stote)
saw the deceased alive an 220 SONATURE		3140	*	1961, that (1) (vg) last n the date stated above 22b DATE SIGNED
ZZc. PHYSICIAN'S NAME (Type) William	L. Howell	Wash Clin	14/	sh 15 DC.
230 BUR AL, CREMATION, 236 DATE THEREO BUR 181 5/18/61			flon (City, town, or col	~
24. FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines Co	ADDRESS	250. REGIO BY REGIST	RAR 250 REGISTRA	R'S SIGNATURE

TO HO.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 1/2/2/2 ofter death. Page 4 moy lined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 %



AND STATE DEPARTMENT OF HEA Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HOMETH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed I vad, if institution: Residence before edmission) a. COUNTY b. COUNTY Arlington files. Health, Prince George's MARYLAND b CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (.f outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Arlington Cheverly d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS Harri son . IS RESIDENCE ON A FARM? SouthXHIPTON Street Prince George's General Hospital 761. YES NO NO 3. NAME OF Year DECEASED (Type or print) Allen Shackelford DEATH 161 Charles 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ast birthday) January 8. Male White WIDOWED [DIVORCED T 1Da. USUAL OCCUPATION (G va kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Construction Virginia: West Superintendent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lizzie Williams John Shackelford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address ((so no, or unkown) ((fyesgivewerordelesofservice) Mrs Abbott Shackelford, same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office gava rise to immadiata cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III). 19, WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to buriel, cremati CERTIFICA NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARICI OF CONTRIBUTING CAUSE OF DEATH. Was operating a loading machine that turned over [206, Niver occurred] 206, PLACE OF INDURY (Home, farm, 201, (City or town) (Co 20c. TIME OF INJURY Month, Day, Yaar (County) (State) fectory, streat, office bldg., etc.) Whila Not While Oxon Hill Μđ 61 at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 🛣 and in my opinion Accident X Suicide | Undetermined manner death resulted from. Natural causes Homicide | CHIEF MEDICAL EXAMINER [ACTUAL SSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 5/9/61 NAME (Typak James I. Boyd Addrass (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCALON (City, town, or country) REMOVAL (Specify) **₹**0 늉 Memorial Park ark halls Church Va 屳 A15ME 524 Columbia Pike, Arlington, Variday 1 5 '61 5M 7/59 arthur S. Thomas



I AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if Institution; Residence before edm.ssion) a. COUNTY c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T 3. NAME OF DECEASED DEATH (Typa or print) 196 / within AGE IIn years IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED IDa. USJAL OCCUPATION IG va kind of work 1 12. CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unkown) i (If yas giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: since birth Tetralogy of Fallot IMMEDIATE CAUSE (a) DUE TO Congenital Heart Disease since birth gave rise to immediate ceuse DUE TO (a), stating the underlying PART I. OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES XX NO 2De ACC.DENT WAS UNDERLYING | | 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of nigry in Part 1 or Part 18 of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (Steta) 20c. TIME OF INJURY Month, Day, Year 20d, NJURY OCCURRED 2Da, PLACE OF INJURY (Homa, farm, 2Df. (City or fown) (County) factory, street, office b dg., etc.) While Not While et work et work DIRECTOR: ..., to Althorn 5 ..., 19.k./, that (I) (we) last 19.6 1/1, and that death occurred at Lot. M., from the causes and on the date stated above. saw the deceased alive on .. 22a. SIGNATURE ATTENDING SIGNED 22d. ADDRESS 22c. PHYSICIAN'S 23s, BURIAL, CREMATION, 23b. 23c. NAME OF OH 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 MA DATE MAY 3



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution; Residence before edmission) files. Health a. COUNTY Page Prince George's Marvland Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate limits. c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete I mits, write RURAL and give neerest town) director. YOUL write RURAL end give neerest town) Hvattsville 7 davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 3. STREET ADDRESS . IS RESIDENCE ON A FARM? 6009 Longfellow Street Prince George's General Hospital YES NO X 3. NAME OF 4. DATE Month DECEASED with the (Type or print) DEATH 1961 Skeen s Lavina May Marie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) | Months | Deys certificate should be executed within 24 hours after detail "pending" in Bencil in Item 18. Give Pages 1, 2, and 3 I Examiner's Office along with form PM3. Page 5 may be used as a burial-transit permit. File pages 1 and 2 witation, or removal, and in any event within 72 hours. WIDOWED -DIVORCED [September 2, 192B White Female 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Florida Housewife Own home 14. MOTHER'S MAIDEN NAME Lavinia Williams Calhoun John IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detes of service) James T Skeens , same as # 18. CRUSE OF DEATH lenter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Contused and ruptured pancreas, fracture of 7th and 8th Conditions, if eny, which gave rise to immediate cause ribs-left DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 NO F Medical should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part | or Part | of Item 18.) PRIMARY THE OF CONTRIBUTING THE Driver of an automobile that struck a fixed object execute the certificate, writing all be forwarded to the Chief NERAL DIRECTOR: Page 3 1 20d. INJURY OCCURRED + 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.)
Street Not While While Baltimore Raltimore Md. 16,61 et work - et work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | 32. Inquiry X and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Accident 😿 Suicide 1 Homicide . Undetermined manner Natural causes CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 5/23/61 DEPUTY MEDICAL EXAMINER TO EXAMINERS NAME (Type) James I. Boyd Address (Street, city, Iown, or county) please 4 shoul O FUN or its d 22b. DATE THEREOF T 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION May 26, 1961 Ft Lincoln Cemetery Colmar Manor, Md. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F. Gasch's Sons DATE MAY 2 6 '61 Hyattsville, Md. arthur & through 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATE 2. USUAL RESIDENCE (Where decreesed I ved. If institution, Residence before admiss on) . COUNTY eral director. Pege of for your files. Prince George's Prince George' MARYLAND b. CIY OR TOWN lif outs de corporeta amits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerast town) D.O.A. Brandywine d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Dobson Clinic Box 140 YES X NO Route # 3. NAME OF DATE M.ddle DECEASED OF (Type or print) DEATH John Henry Small wood May should be executed within 24 hours after death. Ig" in penc! in Item 18, Give Pages 1, 2, and 3 to 's Office along with form PM3. Page 5 may be a burial-transit permit, File pages 1 and 2 with the burial-transit permit, File pages 1 and 2 with the burial-transit permit. Will-6 COLOR OR RACE 7. MARRIED NEVER MARRIED WM 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months | Days Hours . Min. WIDOWED [DIVORCED 23, 1902 59 уп. February Male Colored IDa. JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Sieta or fore gir country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Laborer General Maryland U. S.A. 13. FATHER 5 NAME 14. MOTHER S MAIDEN NAME Henry Smallwood Sarah Adams This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ((If yas g vawar or dates of service) Joseph A. Proctor, same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, if any, which (b) d "pending" i Examiner's O gave rise to immediate cause DUE TO (a), stating the underlying cause lest. cremation. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION G. VEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 Medical NO pluoi 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 208. EXTERNAL CAUSE WAS PR MARY [] or CONTRIBUTING [] CAUSE OF DEATH forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY | 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, farm, 20f. [City or town] ags. Month, Day, Year (County) While Not Whila fectory, street, office bldg., etc.) Hour e.m. et work al work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry XX and in my opinion Natural causes X Suicide death resulted from-Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 5/24/61 EXAMINER'S NAME (Type) Address (Street, city, town, or county) Jmaes 22d. LOCATION (City, town, or country) 220, SURIAL, CREMATION! 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 10 REMOVAL (Specify) ₽40 24e, REC'D 95 AL DIRECTOR 5M 7/59 DATEMAY arthur S. Thousa



TO HONDER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Tage 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death and 2 should be detached for the burial, cremation, or removal, and in any event, within 72 hours after death and 2 should be detached for the burial, cremation, or removal, and in any event, within 72 hours after death and 2 should be detached for the burial.

MARYLAND STATE DEPARTMENT OF HEALTH

	WHINITED SINCE BELVIOUS.	I OI HEALIN	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PR	RESTON STREET, BALTIMORE 1, MAI	RYLAND
6 006 °	CERTIFICATE OF DE	ATH	09999

	The state of the s
1. PLACE OF DEATH s. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission)
Prince George MARYLAND	Maryland Prince George
b. CITY OR TOWN (if outside corporete l.mits, write RURAL and give nearest lown)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Adelphi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	1925 Laguna Rd YES NO
3. NAME OF First Middle	tast 4. DATE Month Day Year
(Type or print) JANIE FRANCES	SMITH , DEATH 5 2 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. less birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	62yrs. Months Doys Hours
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired) HOUSEWITE	Virginia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Post Powell	Hattie Fewell
Basil Fewell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, 1	
(Yes, no, or unkown) (liyesgivewerordatesofservice)	
no	Carter Smith 1925 Leguna Rd
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	cular accelent ONSET AND DEATH
IMMEDIATE CAUSE (a)_ Cecelve Vas	awar accedent 72 his
X DUE TO // ; 4	11 0 10
Conditions, if any, which \ (b) Kypertene	eve Vascular Disease
gave rise to immediate cause	
(a), steting the <u>underlying</u> cause lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY
0	PERFORMED? YES TO NO TO
200. ACCIDENT WAS UNDERLYING 17 20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of stem 18.)
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTR BUT NG CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	, pental nature of injury in ratif to your a or steam you
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Mary Salls	tory, steet, office bldg., etc.)
	Here 1060 May 1061 44 (1) (1)
21. I certify that (I) (this hospital) attended the deceased from.	720
A	death occured at
22e, SIGNATURE	ATTENDING MED. STAFF 22b, DATE SIGNED
Desuerd a Duja leater	I.D. PHYS. DIRECTOR PHYS. 3-2-6/
PHYSICIAN'S Bernard A. Fitzgerald	22d. ADDRESS
Man (Marchinal d. N. 11028 et al d.	21 / where they round a do. 10th
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 5/5/61 Cedar Hill	Suitland Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	D.C L258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Nethings House - 300 4ch	12 / DATEMAY 5 '61 Chilling & thouse



	MARYLAND STATE DEPARTMENT OF HEALTH	NVI A NIE
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	05997
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institut on, Reside	nce before adm ssion)
ector. Page your files.	e. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate amils, write RURAL and give meanast town) Maryland C. CIY OR TOWN (if outside corporate amils, write RURAL and give	Georgets
eley is and districted districted for the Boar file.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, 9 ve streat eddress) Prince George's General Hospital 5949 Ritchie Road	o. IS RESIDENCE ON A FARM? YES NO
ar he fur	3. NAME OF First Middle Last 4. DATE Month Day DECEASED OF	
fifer death. If 2, and 3 to the 5 may be rad 2 with the hours after	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED April 1, 1918 9. AGE (In years I If UNDER 1 YEAR April 1, 1918 Instituted North Days Months Days 100. USUAL OCCUPATION (Give and of work 1 10b, KIND OF BUSINESS OR INDUSTRY) 11. B RTHPLACE (Stele or foreign country)	1, 19 61 IF UNDER 24 HRS. Hours Min.
t hours a Pages 1, A3. Page ages 1 ar rithin 72	done during most of working I fa, avan if retired) Housewife The part of Columbia When the part of Columbia When the part of Columbia Housewife Hous	S. A
Within 24 form PM form PM II. File pa	Joe Freeman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(Hyes giva wer or datasof sarvica)]	
ecuted with the 18. The sit permit.	DARY I DELYTH WAS CALLED BY	ITERVAL BETWEEN THE
icate should be ex ending" in pencil in niner's Office alor ad as a burial-tran et or removal, and	Cond hors, f eny, which gave rise to immediate cause (e), stating the underlying cause lest. Cond hors, f eny, which gave rise to immediate cause (e), stating the underlying cause lest. Cond hors, f eny, which gave rise to immediate cause (c) Cond hors, f eny, which gave rise to immediate cause (c)	hours
The word "p Medical Face should be us ial, cremation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 20a EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of mounty in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES NO
KAMINI s, writing he Chief i: Page 3 or to bur	20c. TIME OF INJURY Month. Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a.m. P.m. 19 et work at work;	(Stata)
MEDICAL Este ille certificate forwarded to the DIRECTOR. In DIRECTOR. ated agent, pricated age	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	d in my opinion
execute be resignated by the signature of the signature o	SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county)	
6 g 4 6 g	22e. BURIAL, CREMATON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL Specify Bund 23. FUNERAL D RECTOR ADDRESS Address (Sireel, city, town, or country) 22d. LOCATION (City, lown, or country) Location (City, lown, or country) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA'	(Stota)
VS. A15ME 5M 7/59	Senares Bros. 1661-gd Roge RUS EATE MAY 23 '61 Coalun S. H.	intel
	wast De	



. IS RESIDENCE ON A FARM?

YES NO DE

19

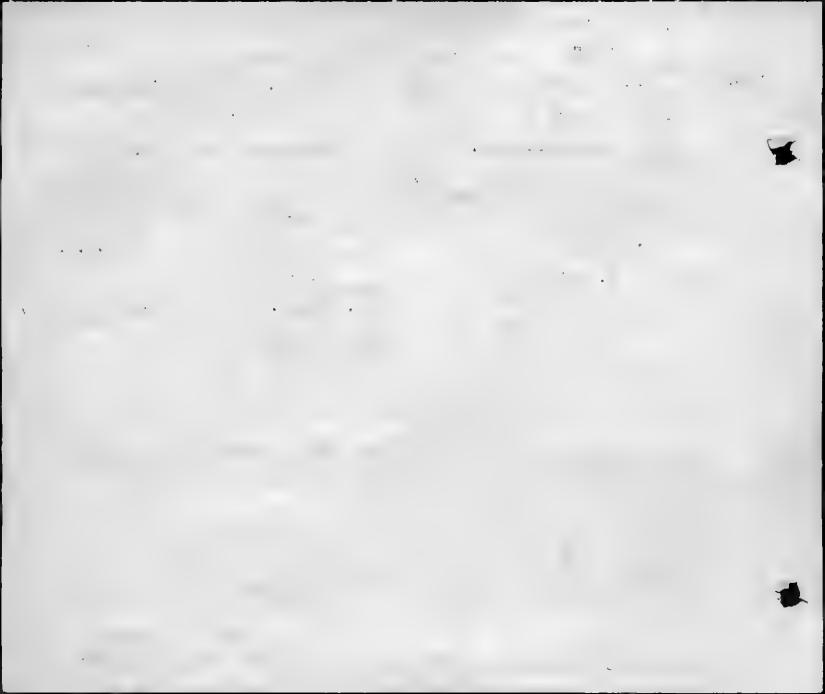
IF UNDER 24 HRS.

PERFORMED? NO 1

(Steta)

22b. DATE

SIGNED



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05999

		600	19	CERTIF	ICATE O	F DEATH			095	199
)	1 F	PLACE OF DEATH	E GEORGE'S	MARY	p. S1	AL RESIDENCE (WILLIAMS)	CoL,	If institution Rep. COUNTY	sidence before	odmission)
		CITY OR TOWN (I RURAL and give ne	f outs de corporate limits were town) TSVILLE			MASHING	outside corporate lin	nits, write RURAL		TX
d U		CAPP	OLL MANOR	street address)	2. d. s	122 - N	1ASSAC	HUSETT	CA.ve	IS RESIDENCE ON A FARM? (ES NO M
	(NAME OF DECEASED (Type or print)	MABE	Middle M.	4	PEER	4. DATE OF DEATH	May	9 Doy	19 <i>6</i>
	5 9	FEMALE	WHITE W	MARRIED NEVER MARRIED DIVORCE	O FEB	4,187	lost	pirthdoy) Mor	nths Doys i	UNDER 24 HRS
	无	ETIRED - K	ON (Give kind of work done ting life, even if retired) CEDCROSS S	106. KIND OF BUSINESS O	- '	PENNA	-	11	U. S	THAT COUNTRY?
)		FATHER'S NAME	- M=W.	ILLIAM		-	IOWN			
	15 (Yes	WAS DECEASED EVEL	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	579-44-400	3 MRS	SARA MI	ILLER \$11	1- FORDA	LL ROAD	CONXVILL N.Y.
			TH [Enter only one couse TH WAS CAUSED BY. IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).	allers	2			INTERNONSET	AL BETWEEN AND DEATH
		Conditions, if or		Metastatic	Care	noma.	A fun		3,	glaro
		gove rise to immediate couse (a), stating the under lying couse lost. DUE TO Carcinoma of Reclaim.								years
	CATION		HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE CON	DITION GIVEN II		WAS AUTOPSY PERFORMED? ES NO D
	L CERTIFI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter	noture of injury in	Port I or Port (I of	item 18.)		
	MEDICAL	20c TIME OF INJUR Hour o.m. p.m.	10	20d. INJURY OCCURRED While Not while of work	20e. PLACE OF I foctory, stre	NJURY (Home, form et, office bldg., etc	, 20f. (City or for .)	~n)	(County)	(Stote)
		21 I certify tha saw the decess	7/4	tended the deceased	•	2-9 . 19 ccurred at 645	M, from the c	/		(I) (we) last tated abave.
1			Caurice alde	lugo	M.D. PH	TENDING M	ED STA	AFF G	las 190	22b. DATE SIGNED
		22c PHYSICIAN'S NAME (Type)	MAURICE H	SELINGE	ER no	150 Col	NNECTICUT	AVE, N.	W. WASI	4.DC
	2	BURIAL, CREMATIO REMOVAL (Specify)	5-12-196	1 FORTLING	OLN CEM	TORY	WASH I	NGTON	1. 7	(Stote)
1	24	oceph X	s signature	1756-Pa.	ach le De	250 REC	D BY REGISTRAR	256 REGISTRAL	r'S SIGNATURE	



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			DIVISION O	F STATISTICAL	RESEAR			of W. PRESTO		r, BALTI	MORE 1	, MARYL	AND }()()	
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hours the fu		/ -		Prince Ge		MARY.		e. STATE	D. C.		COUNTY	RA1 and give i	eered low	n) —
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platery	72 hc	3	. NAME OF DECEASED (Type or print)	First		Middle		Last	4. DAT	E	Month	Dey	Yeer	/-
COM	2.E		SEX	Joh 16. COLOR OR RACE		₩ NEVER MARRIE		ewart DATE OF BIRTH	DEA	9. AGE (H		L. (IF UNDER	
ate be n and	ent, v	1	Male	Negro	WIDOWED	DIVORCE		1/24/05	P Ctat-	55 birt	yrs.	nihs Doys	Hours	Min.
erting hysicia remov	ny ey		done during most of wo Market work	rking life, even if retire	d) Uni Mar	on Termin	al	Va.	ouncy a siera,	or loleigh c	3411177	USA	1 111/1/61	JOINIK
and pri	d in a	1	3. FATHER'S NAME	Stewart			1	MOTHER'S MAID	Howard					
attend		川	5. WAS DECEASED EV	R IN U.S. ARMED FO			-	FORMANT	210/11/15 0		ddress			
inat in. 7 the T	remov	-	Unknown 18. Cause of D	EATH [Enter only one		-01-4910		ededent				INT	ERVAL BETY	WEEN
quires hysicia hed by	, c			H WAS CAUSED BY:	Bronc	hogenic c	arcino	ma, left	lung,	vith w	idesp	read	3 mo	1.3
aw re ling p	matio		Conditions, if eny	100								44.		No selections
attend as bed burial			(e), steting the uncourse lest	DITE TO										
tal or	o burn	200	PART II. OTHER	SIGNIFICANT COND	TIONS CONT		_	RELATED TO THE TER	MINAL DISEA	SE CONDITIO	ON GIVEN I	N PART 1(e) 1	9. WAS AT	
r SIC hospil certific	orior /		200. ACCIDENT W	Sronchopne:	-		_	Inter neture of injury	in Peri For Pe	rt II of item 1	8)	_ '	res 🔀 1	NO [
The state of the s	ealth	Lh	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER: RY Month, Day, Ye	1	JURY OCCURRED 1	2Da PLACE	OF INJURY (Home, f	ferm '20f fi	City or Iown		(County)		Stete)
Affe	1	Shee	Hour e.m.	19	While at work	Not While et work		, street, office bldg.,				(sound)	1	,
reta TOR	3	lu		hat (I) (this hospi ed alive on5/				1/21 10				, 19 <u>61</u> , 1		
OR A	Strate	I	220. SIGNATURE	TIAN AN	* · · · · · · · · · · · · · · · · · · ·	17 N. Av 0	siid inai o	ATTENDING_	MED.	STAF		on the de	22b.	DATE
SAL I	with the	162	22c. PHYSICIAN'S NAME (Type)	me orc			M.D.	PHYS		lenn I		lospita.	5/1 <u>7</u> /	196
	S &	200		Moe Weis		23c. NAME OF C	EMETERY OF	CREMATORY		lenn I			(Ste	ele)
77 17 14 1	De fired	12	SUCIAL Specify	5/22/	61	Harmon	4/1/0	morial Por	KI_p	Md.				_
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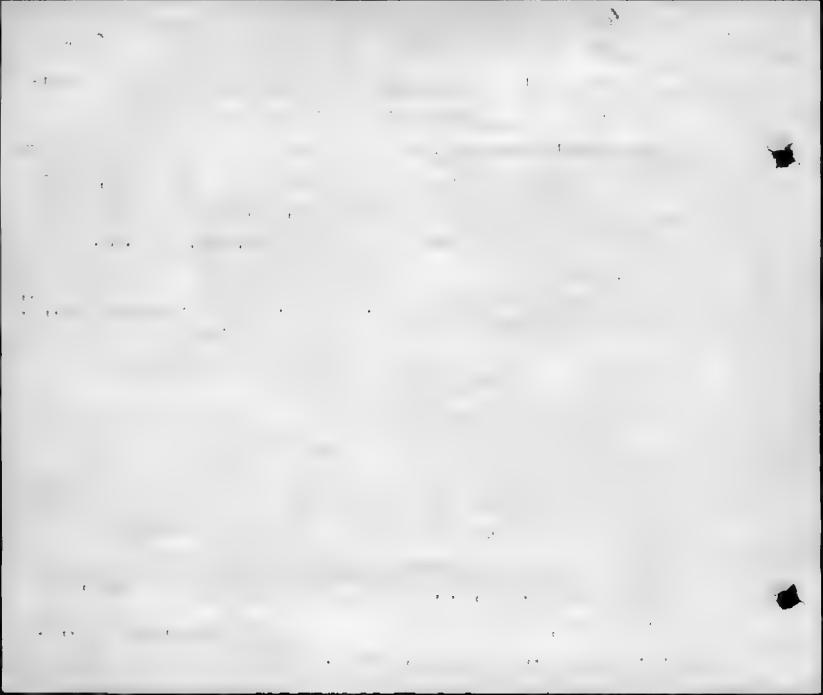


Division of STATISTICAL RESEAR PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH turkeral director, Page tained for your files. State Board of Health, e. COUNTY e. STATE Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give naerast town] d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Dead on arrival Hillcrest Heights d. STREET ADDRESS 2442 Iverson Street Prince George's General DATÉ DECEASED OF the (Type or print) efter (DEATH Betty Berneal

6. COLOR OR RACE 7, MARRED NEVER MARRIED 8. DATE OF BIRTH Stillwagon with should be executed within 24 hours after death g" in pencil in Item 18. Tive Sages 1, 2, and 3 is Coffice along with form PM3. Page 5 may be a burial-transit permit, file pages 1 and 2 with answered, and in any event within 72 bourg at , WIDOWED DIVORCED [October 11, 1917 **Female** IDE. USUAL OCCUPATION (Give kind of work | IDE. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gricountry) done during most of working life, even if ratired) Fayette County, Penn. At Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jewell R. McCombs Benson 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror deles of service) Unknown This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per] ne for (a), (b), and (c).] -LNCREASED IMMEDIATE CAUSE (+) removal Conditions, if any, which gave rise to immediate cause ro DUE TO (e), stetling the underlying Examiner cause lest. cremation, CERTIFICATION ease execute the certificate, seriting the world plnods 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | forwarded to the Chief Me L DIRECTOR: Page 3 sho sated agent, prior to burial, CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Natural causes X Accident Suicide Homicide | death resulted from. CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** JAMES I. BOYD, M.D. NAME (Type) Address (Street, city, lown, or county) 22+, BURIAL, CREMATION, 226, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY D REMOVAL (Specify) CONNELSVILLE E40 p Burial 23. FUNERAL DIRECTOR VS. ATSME W. W. CHAMBERS CO., DATE MAY 3 '61 Riverdale, Maryland, 5M 7/59

2. USUAL RESIDENCE (Where deceased lived, If Institution, Rasidance before admission) Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) a. IS RESIDENCE ON A FARM? YES NOTE 19 61 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Ast birthdey) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address 2442 Iverson St Mr. William K. Stillwagon, Hillcrest Hgtm., Md. ONSET AND DEATH INTRACRANIAL PRESSURE IN HEMORRHAGIC NECROSIS OF BRAIN TUMOR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY PERFORMED? NO [(County) (Stete) Inquiry 🛣 and in my opinion Undetermined manner DATE SIGNED 1961 22d. LOCATION (City, lown, or country) Connelsville, Fayette Ctv. Pa 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Curthur & Krons

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

IO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Haailth, or its designaled agent, prior to burial, cremation, or removel, and in any event withmer 2 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06002

	RCE OF DEATH			NCE (Where deceased I		idence before edmission)
0. 4			m. STATE		, COUNTY	
b. (Prince George's ITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENG	TH OF STAY IN 16	e, CITY OR TOWN	and (If outside corporate lim	Prince its, write RURAL and p	George s
4		on arrival	(To own on	-T		_1
, d. i	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address	d, STREET ADDRESS		****	I m. IS RESIDENCE
						ON A FARM?
2 27.	Prince George's General Hosp	ital	3104 -		mue	YES HO E
	CRASED First	Middle	Last	4. DATE	Month	Day Year
[77]	or print) T. Arnold		Stuckley, Jr		May 17t	h. 1967
5. SEX	6. COLOR OR RACE 7. MARRIED TO NEV	ER MARRIED TI 8.	DATE OF BIRTH	9. AGE (AR IF UNDER 24 HRS.
30		DIVORCED		lest bli	** MORERS DO	ys Hours Min.
				1917 44	yrs.	1
dene d	luting most of working life, even if refired)		11. BIRTHPLACE (Stat	e or foreign country)	12, QTIZE	N OF WHAT COUNTRY?
Sal	lesman Electri	cal	Penna.		T.	J.S.A.
13. FA	THER'S NAME	1	14. MOTHER'S MAIDE	NAME		
	Arnold J. Stuckley	-	Grace Adam	ns		
15. W	AS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL S	ECURITY NO.! 17. 11	NPORMANT		Address	
(Yes, n	o, or unkown) (liyesgive weror deles elservice)				44	
	Yes WWIL		s Dorathy S	tuckery, sa	ine es il v	
18	. CAUSE OF DEATH [Enter only one cause per line for (e),	(b), end (c).]				INTERVAL BETWEEN ONSET AND DEATH
11	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Hemorrhag	e and shock			ALORI MID DENIII
11	823X DUE TO		*		-	
c,		Fracture	of the base	of the sky	11	
	ve rise to Immediate cause	FIELDUATO	01 010 0000	02 0110 0110		* * ***
l (n)), stating the underlying DUE TO					
Ça Ça	use last. (c)					
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART 1(
151						YES NO
E 20	6. EXTERNAL CAUSE WAS 206. DESCRIBE HOW I	NURY OCCURED. (E	nter nature of injury in Pe	ort I or Part II of item 18.		
Q C/	MARY O or CONTRIBUTING O	f an autom	obile that	ran off the	raod and	overturned
WEDICAL 20			CE OF INJURY (Home, far		(County	(State)
10	# Hour e.m. 5/17/6% While Not V	Vhile Too	ry, street, office bldg., et ad	Largo	P. G.	Md/
- Confine			E4-4-4	,	-	
1 1	. I certify that I took charge of the remains des					and in my opinion
de	eath resulted from: Natural causes	lent XX. Suici	de L. Homicide	Undetermi	ned manner	
			CHIEF MEDICAL	EXAMINER		
	GNATURE QUALITY	de p	M.D. ASSISTANT ME	DICAL EXAMINER		DATE SIGNED
E	CAMINER'S TAMES T BOYD M	()		AL EXAMINER 📆	May	17th., 1961
	RIAL CREMATION 22b, DATE THEREOF 122c, NA	D. ME OF CEMETERY OR	Address (Street,	city, town, or county)		, Territorio Por
	MOVAL (Specify) 5 3 (1961 4	L UP CEMETERT OR	_ /E	22d. LOCATION (C)	- 1	(Stete)
121	wolf 13-20-101 Vra	nd View	- Cem -	Uttento	wy, y sen	ma
23. FL	INERAL DIRECTOR (2) ADDI	455 0 m	248. RE	C'D BY REGISTRAR 24	b. REGISTRAR'S SIGN	
W	W tranqueres, Owers	ace, m	DATMA	Y 2 2 '61	arthur S. th	aus
J			I UAIE			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution; Residence before edmission) a. COUNTY a. STATE d 2 ath Prince George MARYLAND Md. and b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) after 12 hours E ... Cheverly Hyattsvillle Pages Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Prince George General 3308 Stanford Street papers. Midd n DECEASED comple (Type or print) Mark Thomas withir carbon 5. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI 8. DATE OF BIRTH and WIDOWED [DIVORCED [Male physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE (County & State or lore on country) deccountant Administrativey. S. Government Kansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Augusta Dodge Willard Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC A. SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Grace Thomas 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ģ PART I DEATH WAS CAUSED BY: EREBRAL HEMORRHAGE IMMEDIATE CAUSE (a) Signed DUF TO レンノス altending HYPERTENSION Conditions, if any, which (b) has been gave rise to immediate cause DUE TO (a), stating the underlying NERBLIZED ARTERIOSCLEROSIS PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 208 ACCIDENT WAS UNDERLYING FT 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jiem 18.) DIRECTOR: After this of OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINERS 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from 26 May ., 1901, May 196/., and that death occurred atM, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR MD FUNERAL page 22c. PHYSICIAN'S NAME (Type) Dt. Leon L. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) May 30, 1961 Immanuel Methodist

Hyattsville Md.

ARYLAND STATE DEPARTMENT OF HEALTH

DATE

DEATH

OF

b. COUNTY Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RES DENCE ON A FARM? YES NO Year 1961 May AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 12. C TIZEN OF WHAT COUNTRY? SA Address Hyattsville, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO (County) (State) MLQU ., 19. (1) -(wa) last 22b, DATE SIGNED 7206 Colesville Road, W. Hyattsvillle. 23d. LOCATION (City, fown or county) (State) llorsehead Maryland 256 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

0 = 3 VR A#5 (4)

24 FUNERAL DIRECTOR'S SIGNATURE

. Gasch's Sons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECOR W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where decresed I ved. If institution, Residence before admiss on) 1. PLACE OF DEATH e. COUNTY a. STATEID. **b.** COUNTY Prince George Charles County MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Malcolm d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? Prince George General YES NO J. NAME OF Midd e 4 DATE DECEASED OF 28 Walter May (Type or print) R. DEATH 61 19 Thompson 6. COLOR OR RACE 7. MARRIED THEVER MARRIED S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER | YEAR | last bighday) Months Days Male Col Hours WIDOWED IX 10a. USUAL OCCUPATION (Give kind of work 106 K ND O" BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired' Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Thompson unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) . INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO (celmonar) Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), steting the underlying causa lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY PERFORMED? NO prior 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm. 20f. (City or lown) (County) (State) Month, Day, Yeer factory, street, office bldg., alc.) While Not While Hour a.m. at work at work 22b, DATE ATTENDING SIGNED MED STAFF PHYS. DIRECTOR PHYS. filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23a. BURIAL, CREMATION. 23b DATE THEREOF REMOVAL (Specify) 0:28 ガンR1カ 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS 2Sa. REC'D BY **PERSISTRAR** 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 JUN DATE Ciriling & House

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Capital

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06005

-1
(NA)
(IVI)

A ofter death Page 4

the ottending physician and completely filled in by the funeral director.

Then please remove carban popers. Pages 1 and 2 should be filed with O HOST A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Per may be a varied by the haspital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban popers. Pages I and the State Board at Health priar ta buriat, cremation, or removat, and in any event, within 72 haurs after death.

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VR 15	A'	9/5	(4) 9

1. PLACE OF DEATH o. COUNTY Prince George 1s.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylar	ere deceased lived. If institut b. COUNTY	Pr. Geo's		
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	utside corporote limits, write	RURAL and give nearest fown)		
Hillcrest Heights	2- Years	Hillcrest He	eights, Maryla	and J		
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS		IS RESIDENCE ON A FARM?		
5107-25th Avenue S. E.		5107- 25th	Avenue S.E.	YES NO A		
3 NAME OF DECEASED (Type or print) OASPER	J. TIN	KELENBERG	4. DATE Mo OF DEATH May 15th	nth Day Year		
S SEX 6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years lost birthday)			
Male White WIDOW	VED DIVORCED	Feb. 3- 1893	68 yrs	110013		
10a. LSUAL OCCUPATION (Give kind of work done 10b during prost of working life, even if retired)	KIND OF BUSINESS OR INDU	South Dako	*	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
John Tinkelenberg		Nellie De	Vries			
15 WAS DECEASED EVER IN U. S ARMED FORCES? 16		NFORMANT		dress		
Yes no or unknown) (If yes give wor or dates of service)	Mı	rs. Gertrude O	Neill Tinkel	enberg Same as # 2		
18 CAUSE OF DEATH [Enter only one couse per l	ine far (a), (b), and (c)]			INTERVAL BETWEEN		
PART I, DEATH WAS CAUSED BY:	12 ch 12 12 11 1	2, 10510	1.	ONSET AND DEATH		
DUE TO		-	4			
	2 Fems el	d steren d	the.	16 414		
gove rise to immediate DUE TO		/	<u> </u>			
lying couse last.						
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition Gi	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [3]		
20d ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED (Enter noture of injury in F	art I or Part II of item 18.)			
Hour o.m. While	B _ Nat while _ fo	LACE OF INJURY (Hame, form actory, street, office bldg., etc		(County) (Stote)		
≥ pm. Parwo	ark Ol work		(3)))) (1	, , , , , , , , , , , , , , , , , , , 		
21 1 certify that (I) (this haspital) atten				5, 1961, that (I) (we) last		
saw the deceased alive an [thy	319_6/, and that	death accurred at 🖺 💤	M, fram the causes a	nd an the date stated above		
226 SIGNATURE ATTENDING MED STAFF PHYS DIRECTOR PHYS 115 15 15 15 15 15 15 15 15						
22c. PHYSICIAN'S AME (Type) L FO H .	NU (Smok)	22d, ADDRESS	AITH, K A	1.5%		
23a BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town,	ar caunty) (State)		
Burial May 18- 61	Cedar Hill O	emetery	Suitland, Ma	ryland		
	1661 Good Hop	o DA 영화 25o. REC'I	D BY REGISTRAR 2Sb REG	GISTRAR'S SIGNATURE		
Simmon Brothers	Washington 20,	DC. DATE	MAY 1 7 '61	what is in		



1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		EDIS MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.)1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) a. SIMERUL and b. COUNTRINCE George's
of Healt		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Mitchellville
delay is defer y defer y Board	8	A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sfeet eddress) Prince George's General Hospital A. STREET ADDRESS ON A FARM? ON A FARM? ON A FARM? ON A FARM?
the fun retaine he Stat death		NAME OF DECEASED (Type or print) Clarende Edward Tippett Jr. Death May 25, 19 61
death, and 3 to may be 2 with 1 urs after	5.	
1 2 1, 2, 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	10a do	USUAL OCCUPATION (Give kind of work led during most of working life, even if refired) None **None** **None** **IDS. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **None** **IDS. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **U. S. A.**
of Base Salar	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
A SE	9.6	Clarence Edward Tippett Sr. Jean Ellen Mullikin WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
with 18. The formal. For the formal of the f	(Ye	(lifyesgive werordelesofservice) None Clarence Edward Tippett Sr, Same as # 2
wit was a series	ī	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
cate should be ex anding" in pencil i siner's Office alon d as a burial-tran, or removal, and		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause (e), shaling the underlying cause lest. Column 17.5 C
ER: This certify the word "pot Medical Example Secure 1 should be userial, cremation	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES ON DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Part II of Hom 18.) 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
CAMIN , writin he Chie Page 3 rr to bu	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pum, Pum, Pum, Pum, Pum, Pum, Pum, Pu
CTOR:		21. I certify that I took charge of the remains described above, held an Autopsy. Inspection. Inquiry and in my opinion death resulted from: Natural causes. Accident Suicide Homicide Undetermined manner
DERVIT MEDIC ase execute the co- hould be forward FUNERAL DIRE its designated ago		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5/25/61 Address (Street, city, fown, or county)
TO DEP please 4 should TO FUN or its de	E	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 15/29/61 Mt. Oak Cemetery Mitchellville Md.
VS. A15ME 5M 9/60		itchie Bros. Fun'l Home-Upper Marlboro, DATE JUN 1 '61 C. Hard S. Krauce

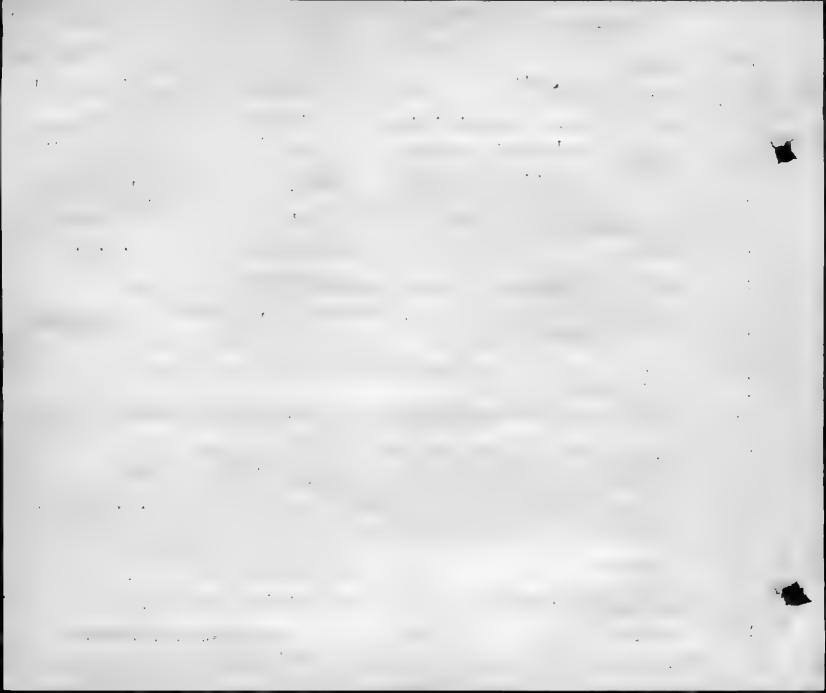


1			MARY	LAND STATE DEP	ARTMENT OF F	TEALTH	AA A DVI AND
- (DIVISION OF STATISTICAL RESEAU	CERTIFICATE		STREET, BALTIMORE 1	07146
runeral should	4)		LACE OF DEATH		2. USUAL RESIDENCE 6. STATE	(Where deceased I'ved, if Institute b. COUNTY	tion: Residence before admission
by the			Prince George CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 5 Hr 20 Min	Maryland c. CITY OR TOWN (1 or	Prince Georgi Lisida corporate limits, write ROR	Land give nearast town)
ed	;17	-	Chever I y . NAME OF HOSPITAL OR INSTITUTION (if not in hos	p'ta, g've street eddress)	d. STREET ADDRESS		8. IS RESIDENCE
pletely Kill sapers. Pa 72 hours			Prince George's Gene	eral Hospital	Townsend 4.	DATE Month OF DEATH MAV	YES ☐ NO ☐ Dey Yeer 26 19 61
re be exe		5.	Female Colored WHOOWE	D DIVORCED	DATE OF BIRTH Lay 26, 1961	9. AGE (In years IF UN east birthday) Mon yrs.	DER 1 YEAR IF UNDER 24 HRS.
certificate physician remove a		do	USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	None None	Marylar	nd	U.S.A.
ath o	T	13.	Chester Townsend		14. MOTHER'S MAIDEN NA Anna Jean		
e attendia Then ple oval, and	T		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 16. 17. 16. 16. 16.	None		Address	-
equires that physician. gned by the sit permit. on, or remo		- 1	18. CAUSE OF DEATH [Enfer only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (e), (b), end (c).]	Butto of 14	\	INTERVAL BETWEEN ONSET AND DEATH
The law ratending as been signer burial-tranial, crematial			Conditions, if any, which geve rise to immediate couse (a), stelling the underlying cause lest,	Hectaria	** ************************************		
ICIAN: spital or tificate h se as the or to bur		CATION	PART II. OTHER SIGNIFICANT CONDITIONS COM				PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO
PHYS the ho his cer for u	٠,	CERTIF	20a. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in Per	ttor Pert II of item 18.)	
NDING ined by t: After t detached		MEDICAL	Hour a.m. While of wor	Not While factor	E OF INJURY (Home, ferm, ry, street, office bldg., etc.)	20f. (City or lown)	(County) (State)
ATTEN be retail RECTOR ould be called the called be called be called be called be called be called be called by the called be called by the ca			21. I certify that (I) (this hospital) attensaw the deceased alive on May 20	ded the deceased from 19.61, and that	May 26 19 death occured at 8:5	61, to May 26 OP from the causes and	on the date stated above
AL OR 4 Hay AL DIRI ge 3 sho	1		220. SIGNATURE Thickness A. Christ 22c. PHYSICIAN'S	teusla M.C	ATTENDING MED	ector PHYS.	22b. DATE SIGNE 5/29/6/
th TUNERA ctor, pa			NAME (Type) Dr Thomas Chr			ore Ave., Cplles	
TO HO death direct be file			BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Croppettion 6-21-61 FUNEBAL DIRECTOR'S SIGNATURE	Prince Geo Ger	.Hospital	23d. LOCATION (City, town or <u>Cheverly</u> , Mary BY REGISTRAR 25b. REGISTR	land
15M 9/60			The W. Blong Sr. Adofor	strator A	DATE	2 2 161 Circling	8. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH Division-of-STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY a. STATE Prince George's MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 15 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town write RURAL and give neerest town) Cheverly D. O. A. Glenarden d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ON A FARM? 6th and Lincoln Avenue Prince George's General Hospital YES NO T 3. NAME OF 4. DATE DECEASED DEATH Charles (Type or print) Nathaniel Tucker 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. iast birthday) Months | Days Male Colored WIDOWED DIVORCED [August 10, 1960 11.0 10s. USUAL OCCUPATION [Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) None None Marvland seded 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Harris Berbara Tucker ê 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INPORMANT (Yes, no, or unkown) | (Hyasgiva weror detas of service) Barbara Tucker. same as # 2 None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH s a burial-transit ce along PART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO Compression between matres and foot of bed gova rise to immediate cause 49 15 DUE TO (a), stating the underlying 25 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? uld be crematic NO F Medical 200. EXTERNAL CAUSE WAS PRIMALY OF OF CONTRIBUTING CAUSE OF DEATH. 20h. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Baby rolled off end of bed between watres and foot writing to Chief I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Mome, ferm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 0 0 Not While (factory, street, office bidg., etc.) While Noon at work at work 19 6] Home Glenarden Inspection ____ to the certificate forwarded to the LDIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inquiry and in my opinion 5 Homicide Undetermined manner death resulted from: Natural causes Accident 🚽 Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. AOCATION (City, fown, or country) [State) 22a AURIAL, CREMATION, REMOVAL (Spacify) 2409 24s. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME DAMEAY 2 4 '61 Clothun & Henry

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DIVISION OF STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finstitution: Residence before admission) a. COUNTY Proudice George Prince George by the and 2: MARYLAND death. b. CITY OR TOWN (if outs'de corporata limits, TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) illside days Cheverly Pages Medi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE ON A FARM? Hospital 58th Ave. YES INO PA Prince george's General 3. NAME OF DATE Yaar Middle Month DECEASED OF 1961 DEATH May (Typa or print) Vanders Peter AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARR.ED 5. SEX last birthdeyl and Months Days Hours WIDOWED [Pale whi.te physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) done during most of working life, even if retired) Latvia Latvian Retired Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Karline Spracmania Augusta Vanders 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unkown) | (If yas give war or dalas of service) 58th Avenue Mrs. Karlis no the 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa lo immediata causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(8): 19. WAS AUTOPSY certificate PERFORMEDY 32 9 use prior 20a, ACCIDENT WAS UNDERLYING [20b. DESCR BE HOW IN. URY OCCURED. Enter natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH ٥ 20c. TIME OF INJURY 20d. INJURY OCCURRED. 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work DIRECTOR: 61, and that death occured 11:30, pend he causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c. PHYS CIAN'S 22d. ADDRESS NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) J 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O F Creek Cemetery Rock Washington U.C. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **YR A15 (4)** Ciriling S. Tyma 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT: TO DEPATY MEDICAL EXAMINER. This certificals should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in lem 18. Give Pages 1, 2, and 3 to the timeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. M

	0.0740			00000
1,	PLACE OF DEATH	ki .		nstitution, Residence before admission)
	Prince George's Maryland	e, STATE	W Marvland	Prince George's
/	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necessition)		If outside corporate limits, write	RURAL and give necrest town)
	Cheverly D. O. A	Riverd	ale	
do	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street address)	STREET ADDRESS		. IS RESIDENCE
1	Prince George's General Hospital	6617	61st Place	YES NOT
3.	NAME OF First Middle	Losi	4. DATE Month	Day Year
	DECEASED (Type or print) Ruth	Wade	DEATH MAN	22nd. 1961
5.	- W 1-4	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	February 22		Months Days Hours Min.
	. USUAL OCCUPATION (G.v. kind of work 10b. KIND OF BUSINESS OR INDUSTI			12. CITIZEN OF WHAT COUNTRY?
I	ractical Nurse	Marylan		U. S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN		
)	James Ballard Revelle	Alice Ma	ria Dove	
	and the second of the second o	INPOBMANT	Address	35 3 3
	No 214-24-7874 Mi	rs Alice W Ho	wes, Churchton	, Marylanc
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute congestive	e heart failu	re	
	4/2 0 r / DUE TO			
	Conditions, if any, which \ (b) Coronary Arter	losclerotic h	eart disease	
	gave rise to immediate cause [a), stating the underlying DUE TO			
	cause last. (c)			
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ĽΥ				YES NO TO
CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	Enter nature of Injury in Par	t I ar Pert II af Hem 18.)	
ä	PRIMARY or CONTRIBUTING CAUSE OF DEATH.			
Y V		ACE OF INJURY (Home, fern		(County) (State)
MEDICAL	Hour e.m. While Not While p.m. 19 et work et work	tory, street, office bldg., etc	**	
_	21. I certify that I took charge of the remains described above, he	eld an Autopsy .	Inspection . Inquir	y 📆, and in my opinion
	death resulted from: Natural causes XX. Accident . Sylic	ide . Homicide	Undetermined ma	anner
		CHIEF MEDICAL	EXAMINER	*
	ACTUAL QUALITY AND STATE OF THE	M.D. ASSISTANT MED	NCAL EXAMINER	DATE SIGNED .
	SIGNATURE	DEPUTY MEDICA	L EXAMINER	May 22nd., 1961
	NAME (Type) JAMES I. BOYD, M.D.	Address (Street,	city, town, or county)	Half worter # 1301
22	BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, lown,	or country) (State)
4	B. r. d (Specify) Md. 135 1961 Freindship	1	1-KIENG3HID	NH
23	FUNERAL DIRECTOR		O C ST	
	Bernard Hardery Sat arille	DATE	26'61	- 1 d. Thurs

VS. AISME 5M 9/60

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funeral should rithin 24 hours after PLACE OF DEATH a. COUNTY Prince Georges mpletely filled in by the papers. Pages 1 and 2 in 72 hours after death. b. CITY OR TOWN (flourside corporate limits, c LENGTH OF write RURAL and give necrest town) Riverdale filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a Eugene Leland Memorial completely 3. NAME OF Middl DECEASED and complearbound carbon party within 7 [Type or print] CHARLES 6. COLOR OR RACE 7. MARRIED NEVER MAR S SEX certificate be Male White WIDOWED event, DIVO physician 10e. USUAL OCCUPAT ON (Give kind of work remove 10b. KIND OF BUSINESS done during most of working life, even if relired) S. FATHER'S NAME please death attending ; Richard Wallen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH lenter only one cause per line for (e). It þ attending Mysicia iss been signed by burial-transit perm PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) DUE TO attending Conditions, if eny, which ĮЬ, geva rise to immediate cause DUE TO (a), stating the underlying (c) the hospital or this certificate h PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO D 10 CERTIFICAL 050 prior 20%, ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJU may be retained by the DIRECTOR: After this 3 should be detached follows. 20c. TIME OF INJURY Morth, Dev. Year 20d. NJJRY OCCURRI While Not While Hour am. et work at work 21. I certify that (I) (this hospital) attended the dece saw the deceased alive on. 220 SIGNATURE TO FUNERAL I director, page 3 22c. PHYSICIAN'S NAME (Type) Malin M.D. death. DATE THEREOF 23c. NAME O 23a. BUR AL, CREMATION, REMOVAL (Specify) ADDRESS 24 FUNERAL DIRECTOR'S

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MZ

CATE OF DEATH	07149
2. USUAL RESIDENCE (Where deceased lived, if institute as STATE b. COUNTY b. COUNTY STAY IN 16 c. CITY OR TOWN (If outs de corporeie limits, write RUR/	*
R#1 Box 128 Laurel d. STREET ADDRESS R #1 Box 128 Lest DATE OF DEATH RRIED B. DATE OF BIRTH RCED 1-13-95 OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12	ths Deys Hours Min.
Virginia 14. MOTHER'S MAIDEN NAME	U.S
Lucille Parrish Address	•
Daughter - Nancy Bishop Correspondence Corre	
20 200. PLACE OF INJURY (Home, ferm, 201. (City or town) factory, street, office b dg., etc.)	(County) (State)
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. PHYS. PHYS. PHYS. PHYS. 22d. ADDRESS LILIOLI Queensbury Rd. River F CEMETERY OR CREMATORY 23d. LOCATION (City, Iown or	22b. DATE SGNED dale, Md.
1 0 Mr A. JUN 8 '61 Chillen	2. Kinus



Division of STATISTICAL RESEARCH AND RECORDS. EET, BALTIMORE 1, MARYLAND -Item 22. -tim G200 2. USUAL RESIDENCE (Where decreased lived, If Institution: Residence before edmission) I. PLACE OF DEATH Page e. COUNTY 95 MARYLAND b CITY OR TOWN (f outside corporete librits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If out) de corporate l'm is, write RURAL end give neeres vown) write RURAL engigive neerest town) d. NAME OF HOSP, AL OR INSTITUTION (if not in hospital, give street address) d-STREET ADDRESS IS RESIDENCE ON A FARM? YES NO -3. NAME OF Middle DECEASED the (Type or print) DEATH 19. AGE (In years | FUNDER 1 YEAR IF LNDER 24 HRS Hours and 2 10e. USJAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) mouch pages | 13. FATHER'S NAME ARMED FORCES? I THE SOCIAL SECT (Yes, no, or unkows) (If yes give wer or dateed vervice) 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) **DUE TO** burial Conditions, if env. which Ö geve rise to immediate cause DUE TO (a), steting the underlying cause lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18. 19. WAS AUTOPSY PERFORMED? NO Medical should 2De. EXTERNAL CAJSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. should be forwarded to the Chief I Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED : 20e, PLACE OF INJURY (Home, ferm, 20f, (City or lown) Month, Day, Year (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour e.m. torwarded to the CL DIRECTOR: Pagestated agent, prior to et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection Inquiry and in my opinion Natural causes Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) please 4 should O PUN 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE (State) REMOVAL (Specify) Buriai Hellerstown Cem. Bethleham. 1,24e. REC'D BY REGISTRAR | 24b REGISTRAR S SIGNATURE AUNERAL DIRECTO VS. A15ME autur & Three 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



IFICATE OF DEATH Items 7, 8,11 & V. Film G287 5/22/61 mh I. PLACE OF DEATH e. COUNTY c. CITY OR TOWN (If gotside corporata limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO / 3. NAME OF DECEASED DEATH (Type or print) 19601 carbon AUE in years IF UNDERT YEAR IF UNDER 24 HRS. 6. COLOR OR RACE MARRIED WIDOWED I 12, CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY dona during most of working life, avan if ratired) HOUSE WIFE Clinton, Md. 14. MOTHER'S MAIDEN NAME Ellen Holliday 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) ((fiyesgivawarordetasofsarvica) JOSEPH WILKES - SON-18. CAUSE OF DEATH [Inter only one cause per line for (a,, (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: 15 MIN. IMMEDIATE CAUSE (a) CEREBRAL THROM BOSIS DUF TO (e), slating the undarlying RTERIOSCHEROTIE-CARDIO-VASCULAIR DISEASE 2+ PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part I of Iem 18.) 200. ACCIDENT WAS UNDERLYING (IF EITHER, NOTEY MEDICAL 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, (County) (Stele) 22b. DATE **ATTENDING** DIRECTOR PHYS. PHYS. 22d. ADDRESS BRANCH AVE, CLINTO 230. BUR AL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) CEM. ARLINGTON, VIRGINIA 0 BURLAL 25e. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

ARTMENT OF HEALTH

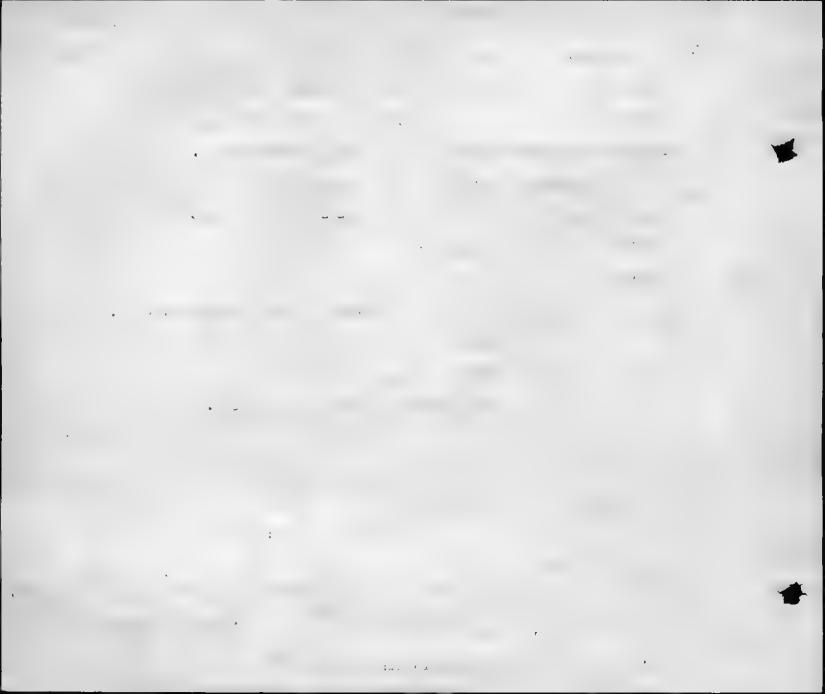
PRESTON STREET, BALTIMORE 1, MARYLAND



TO HOW MAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be disached for use as the burial-trainst permit. Then please remove zarbon papers. Pagin 1 and 2 should be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death.

		MARYLAND STATE DEP	ARTMENT OF HEA	ALTH	
	-	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STRE	EET, BALTIMORE 1, MA	RYLAND
N	N	CERTIFICATE	OF DEATH		116019
3		FLACE OF DEATH CAN - Item 7 Film G288	2 USUAL RESIDENCE (Whe	ere decressed lived, If institution, Re	sidence before adm ssion)
~		COUNTY Prince George b. CITY OR TOWN (if outside corporate l.mits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	Maryland Pr	b. COUNTY ince George corporate I m is, write RURAL and	
ž W	¥	cheverly d. NAME OF HOSP.TAL OR INSTITUTION (if not in hospital, give street address) Prince George General Hospital NAME OF First Middle	College Pad. STREET ADDRESS 9066 Baltimore	Bulvd.	S. IS RESIDENCE ON A FARM? YES NO TO
		DECEASED (Type or print)	OF		4 -
		SEX 6. COLOR OR RACE 7. MARRIED NEVER SRIED B	Mood DATE OF 8 RTH		19 61 FEAR IF UNDER 24 HRS. Oys Hours Min.
	1Da do	Male White WIDOWED JIVORCED			I I
		Retired Insurance	California	US	Α
	13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Unknown		
	9.5	Unknown	•		_
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. III as, no, or unknown) (Ifyesgive were redetes of service)	dward 1 Wood	Address Hyattsville Md	
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		9	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock			ONSET AND SEATH
		177 x DUE TO			
		Conditions, if any which \ (b) Uremia			
		gava rise to immediate cause			
		(e), stering the underlying course lest. (c) Adenocarcinoma of	the Prostate Ga	iknd.	
	VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT			19. WAS AUTOPSY REFEORMED?
	CERTIFICATION	2D. ACCIDENT WAS UNDERLY NG 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Entar neture of injury in Pert I or	Perl II of tem 18)	
	MEDICAL		CE OF INJURY (Home, ferm, 2Df, pry, street, office bldg., etc.)	(City or town) (Coun	ty] (Stete)
		21. I certify that (I) (this hospital) attended the deceased from	4-125 19	to 5/24/6/, 19	, that (I) (we) las
		saw the deceased alive on	death occured at 3:25P	from the causes and on th	e date stated above
		22a SIGNETURE HERENE	ATTENDING MED.	STAFF	22b. DATE SIGNED
対象を		22c. PHYSICIANS W.L. ETIENNE	220- ADDRESS Dege	Nort, M	1 5/22/6
	232	BA. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR SESUME SORV 23d.	LOCATION (City, fown or county	(Staty)
]	Burial May 24, 1961, Arlington Na	tional Ar	lington Virg	inia
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1	REGISTRAR 256. REGISTRAR'S S	
		F. Gasch's Sons Hyattsville Md-	DATEMAY 2 4	161 artiun 8	Kraus
	-	TTTE THE			



IARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEA **BALTIMORE 1. MARYLAND** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence before admission) Alay is new Passaral director. Passaral director. Passaral director. Passaral director. a. COUNTY b. COUNTY b. CITY OR TOWN (I outside corporate limit & LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) with ReRAL and gifto nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State 3. NAME OF Middle DATE DECEASED OF the DEATH (Type or print) 19 With est birthday) 24 Floor and 3 to Phages 1, 2, and 3 to PhA3. Page 8 mmy 1 pages 1 mmd 2 with a within 72 hours a 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR .F UNDER 24 HRS. NEVER MARRIED Months | Days MIDOWED DIVORCED . 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Office along with form PM3. Turial-trensit permit, File mege 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, fary, which gave rise to immediate cause DUE TO (a), stating the undarlying cause last cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E NO 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY - or CONTRIBUTING -CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town, (County) (State) forwarded to the Chi 0 While factory, street, office bldg., atc.) Not While at work at work prior 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection 😽 Inquiry and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE NAME (Typa) Address (Street, city, town, or county) CEMETERY OR CREMATORY 224. BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, lown, or country) Z40 48. REC'D BY REGISTIAR | 244. REGISTRAR SIGNATURE VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6026

CERTIFICATE OF DEATH

63 63 43 B .

•	O 07 72 17		OFICE	7716	OI DEATH		10 -	Reg. D	ist. No	- UO	1114
1. PLACE OF DEATH o. COUNTY	Pr. Georg	e¹s	MARYLAND		SUAL RESIDENCE (W STATE Mary		lived. If institution b. COUNTY			ore admiss	iion)
b. CITY OR TOWN I	If autside carporate limit earest town) CO	s, write	c. LENGTH OF STAY IN 16	C	Aquas co	outside carpar	ote limits, write R	URAL and	give ne	arest town	n)
d, NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street ac	ddress)	Jed.	STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Fin Ne	llie	Middle Hohing	,	Lost Young	4. DATE OF DEATH	Mon M 8		22,		Year 19 61
5. SEX			NEVER MARRIED		E OF BIRTH		9. AGE (In years			,	ER 24 HRS.
Female	White	WIDOWED	DIVORCED	Au	g. 12, 1	885	75 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work or king life, even if retired)	lone 10b. K	IND OF BUSINESS OR IND	USTRY	1. BIRTHPLACE (Stote	or foreign co	untry)	12. CI	ITIZEN C	OF WHAT	COUNTRY
Housewi	-		wn Home		Maryla	nd		U	J. S	. A	•
13. FATHER'S NAME				14.	MOTHER'S MAIDEN I	NAME					
Otto Ho					Anna Eli	zabet		~			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORM	ANT		Addr			7.5.2	
No	en 10			Ray	mond E.	Young	AQ	uaso	30,	NIG.	
Canditions, if a gove rise to cosse (a), stoling lying cause lost. Part W. Ol Part W. Or Control of the cost of t	the under- the under- the significant con the	DITIONS CO	RELEGIES (CONTRIBUTING TO DEATH BE RIBE HOW INJURY OCCUR! BURY OCCURRED 200.	RED. (Ente	- yes	Part I or Port	11 of item 18.)		RT 1(0)	19. WAS PERFO YES	NO DE
20c. TIME OF INJU Hour on m. p. m.	19	While	Not winite at work	foctory, 1	reet, office bldg., etc	201. (City	or lawn,		(County)		(Slote)
actual SIGNATURE OPHYSICIAN'S NAME (Type)	ACTUAL SIGNATURE Vakel M. Lern M.D. agreed Rug 5/22/6										
Burial Specify	5/24/6	1	St. Mary's		metery	Aqu	asco		Mo	l.	~1
Ritchie B		Home	address B-Upper Mar	lbo	ro Mila	D BY REGISTR	AR 24b. REGIS	TRAR'S SI	IGNATU	RE	

page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, or remayal, and in any event within 72 hays that death. fined by the haspital or attending physician. If DINECTOR: After this certificate has been signed by the attending physician and completely filled TO FUNERA VS A15 (4) 15M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT

ours offer death. Page 4

the same of the sa The second was a second to the and the light appointment of the power access The law requires that the death certificate be execut

TAL OR ATTENDING PHYSICIAN:

15M 9/60

thin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6027	CERTIFICATE	OF DEATH		06015				
1. PLACE OF DEATH o. COUNTY				stitution: Residence before edmission)				
Prince Georges	MARYLAND	o. STATE D.C.	, b, county					
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (F	outside corporete limits, write f	(URAL end give neerest town)				
Glenn Dale (RURAL)	1 mo., 12 days	Wash:	ington	+7%				
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE. ON A FARM?				
Glenn Dale Hospital		1669	Columbia Rd.,					
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer				
(Type or print) Guyr		Yowell	DEATH May	10 1961				
5. SEX 6. COLOR OR RACE 7. TATE	SQUESTOCKES 8. I	DATE OF BIRTH	9. AGE (In yeers III					
Male White WIDOW	THE THE STATE OF THE	4/19/92	69 yrs.	Months Days Hours Min.				
	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	y & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Carpenter (Retired)		Madison	Co., Virginia	U.S.A.				
13. FATHER'S NAME	1	. MOTHER'S MAIDEN						
Robert H. Yowell		Ella Wea	kley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address					
No	yes ?	Decedent						
18. CAUSE OF DEATH [Enter only one ceuse per				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute peritonitis	s and shock	due to perfora	ted 1 day				
DUE TO C	luodenal ulcer							
	uodenal ulcers			unknown				
(e), stelling the underlying DUE TO	gave rise to immediate couse DUE TO							
couse lest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS COLOR Chronic Obsti Chronic Obsti Con Contributing Cause of Death Ille Either, Notify Medical Examiner;	ructive emphysema	a, duration	unknown	YES NO 🖸				
20e, ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED. (inter nature of injury in t	ert I or Part II of item 18.)					
ZOc. TIME OF INJURY Month, Dey, Yeer 20d. While I wo		OF INJURY (Home, ferm, street, office bldg., etc.		(County) (Stell)				
P ₁ m. 19 el wo								
21. I certify that (I) (this hospital) atter	ided the deceased from	March 28	19.1 , to May 10	, 1961, that (I) (we) las				
saw the deceased alive on May 10	19 61, and that d	eath occured at	P.M. from the causes a	nd on the date stated above				
22e. SIGNATURE	LED, STAFF	226. DATE SIGNED						
myl Wes	2 M.D.	PHYS. D	IRECTOR A PHYS.	5/10/61				
22c. PHYSICIAN'S NAME (Type) Moe Weiss		22d. ADDRESS	la Hasnital (Honn Dole Md.				
		Glenn Da		Glenn Dale, Md.				
236. BURIAL, CHATTON 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town	or county) (State)				
0/13/6/	Fort Lincoln	Ceme tery	Prince Geo	rges Co., Md.				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE				
J. H. HINES CO. 2	901-14 th St. N.L	J. U.C DATE	JI 10.01 1	Cana A. / Clause				

• | | • | • | TO THE WATER my Market Amanda Styles Claus C Ladin an hard service ATAXABLE IN y 2 - 2 - Thirty Landbyton Trickly (Siller) of the spall platform of a small solut ook III and J. 13 18) For a Line of the Complete Co HE HALLS CO JEIL W. B. W. D.C. WHISH - I LEW-